

# ASSESS YOUR HEALTH RISK

NAME: \_\_\_\_\_

GENDER: ☐ Male ☐ Female

## INSTRUCTIONS:

Assign the appropriate score on the right as you answer the questions on the left. Total your points and discover your health risk. This score allows you to see areas where you can modify your risk. We can discuss your score during your consultation, to determine where you need to focus on changes, as well as track your progress over time. Win Win!!

## QUESTIONS:

1. **How old are you?** Risk for a large number of preventable chronic diseases increases as you age.  
If <30yrs (0), 30-50yrs (+1), >50 years old (+2)

2. **What is your Body Mass Index (BMI)?** BMI Calculator:  
<https://www.calculator.net/bmi-calculator.html>  
Normal BMI (18-25)=0, if BMI=26-30= +1, BMI>30= +2

3. **What is your Past Medical History?** The more diseases you have or have had in the past, the greater the risk of potential future problems. This relates to diseases NOT surgery or trauma. If you take prescription medications you probably have at least one medical condition. It includes mental health conditions including anxiety, depression, and bipolar disorder.  
A clean bill of health (0), one prior disease but it is inactive/not being treated (+1), at least one active condition for which you are being treated for (+2)

4. **Do you have any super-high risk medical conditions?**  
Examples: Actinic keratosis, Autoimmune diseases (IBD, Celiac disease, RA, MS), Alcoholic liver disease, Barrett's esophagus, cardiovascular disease (hypertension, coronary artery disease, carotid artery disease, peripheral vascular disease), Endometriosis, Hepatitis, HPV infection, Hyperlipidemia, Periodontitis, Preeclampsia, Renal insufficiency, Traumatic head injury, Type 1/Type 2/Gestational diabetes  
None (0), one disease (+1), >1 high-risk condition (+2)

5. **What is your family medical history?** Have your mother, father, sibling, or grandparents had a disease that can be passed down genetically? Examples: colon cancer, polycystic ovary syndrome, familial hypercholesterolemia, cancers such as breast, ovarian, colon, prostate, stomach, melanoma, pancreatic, uterine or retinoblastoma, neurodegenerative diseases such as Alzheimer's disease, Huntington's disease, or Parkinson's disease, Type 1/Type 2/Gestational diabetes.  
If no family history (0), if one or more conditions (+2)

6. **Where do you live?** Top 10 states with **highest cancer risk**: Kentucky, Delaware, Louisiana, Pennsylvania, New York, Maine, New Jersey, Iowa, Rhode Island, Connecticut.  
Locations with the **highest rates of diabetes**: Puerto Rico, Guam, Mississippi, West Virginia, Kentucky, Alabama, Louisiana, Tennessee, Texas, and Arkansas. Locations with the **highest cardiovascular disease risk**: Kentucky, West Virginia, Louisiana, Oklahoma, Alabama, Mississippi, Michigan, Arkansas, Tennessee, and Texas.  
If you live in one of these areas with 3 killer diseases (+1), If you do not live in these areas (0)

## RATING SCALE:

-2      -1      0      +1      +2



Sub-total: \_\_\_\_\_

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## QUESTIONS:

**7. What is your genetic risk?** While only 5-10% of cancers are hereditary in nature, they can be identified through genetic testing (breast, colorectal, melanoma, ovarian, pancreatic, prostate, stomach and uterine cancers).

If you have NOT yet had a DNA test (0), If you have tested and have no risks (0), If your test reveals one disease risk (+1), if your test reveals 2 or more disease risks (+2)

**8. Have you had any toxic exposures?** Toxic exposures in the environment increase your risk for disease. Were you exposed to toxins at work, at home, or doing hobbies? These are the most common toxins we know pose risks with **SIGNIFICANT** exposure: Arsenic (old toys), Asbestos (old buildings), Benzene (gasoline), Carbon tetrachloride (formerly used in dry cleaning solvents), Dioxin and the pesticide DDT, Formaldehyde (auto exhaust), Industrial dyes (aromatic amines and aniline), Lead, Mercury (old dental fillings), Methylene chloride (paint thinner), Paradichlorobenzene (moth balls, toilet bowl deodorizer, room fresheners), Perfluorinated chemicals (Teflon nonstick pans), Radiation (unshielded multiple exposures from imaging), Toluene (paint thinner), Vape smoke (from e-cigarettes), Vinyl chloride (PVC water pipes)

None (0), 1 significant exposure (+1), >1 significant exposure (+2)

**9. Have you ever or do you currently use Tobacco or vape?**

Tobacco use (cigarettes, cigars, pipes, snuff, chew, vaping) or significant exposure to second-hand smoke increases risks to your health.

Never smoked/Never exposed (0), If you are a former user or lived in a home with an indoor smoker or worked in a smoking environment but not presently (+1), if you are an active smoker/vape or have significant exposure to smoke (+2)

10. **Do you drink alcohol?** Mild to moderate consumption of red wine and beer can be beneficial to your health whereas heavy consumption increases your risk for a number of chronic diseases.

If you don't drink at all (0), If you drink 1 or fewer glasses of red wine or beer per day, but not liquor (-1), If you drink >1 glass of beer or wine or 1 shot of hard liquor (+1), if you regularly drink hard liquor (+2)

**11. What is your lifelong dietary pattern?** How you were raised and what you've consumed over years of eating habits builds or reduces your health risks. Examples of 3 main dietary patterns: Mediterranean or Asian diet (rich with fresh ingredients and abundant in vegetables and fiber), a Western/Standard American Diet (meat and potatoes approach with heavy emphasis on meat and light on fresh vegetables), or Junk food diet (mostly packaged industrially processed foods, fast foods, fried foods, high in saturated fats, soft drinks, and lots of snacking)

If you have consumed a Mediterranean or Asian diet (-1), if you once had an unhealthy diet but are now eating a healthier plant-based diet (0), if you have consumed a Western/Standard American Diet (+1), if you consume a Junk food diet (+2)

## RATING SCALE:

-2

-1

## O

**+1**

**+2**

**Sub-total:**

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## QUESTIONS:

12. **What is your level of physical activity?** Exercise and physical activity are central to good health. If your job involves sitting at a desk the entire day, have long commute times, and spend your leisure time watching TV in bed you live a sedentary lifestyle.  
If you have an active physical activity/exercise program (-2), If you have occasional exercise and rate yourself as being physically active (0), if you have absolutely no exercise and not physically active (+2)

13. **Do you own a pet?** Owning a pet decreases stress and anxiety and improves mental health, and can increase physical activity. All pets count (dog, cat, bird, lizard, horse).  
If you have a pet or have ever had a pet (-1), If you don't have a pet (0)

14. **Were you breastfed as an infant?** Studies have shown that breastfeeding an infant benefits the immune system for the rest of life, also offering the foundation of a healthy microbiome, and offer protection from cancer risks.  
If you know you were breastfed (-1), If you do not know if you were breastfed (0), If you are certain you were not breastfed (+1)

















15. **Do you work a night shift?** The human body was designed to follow cues from the sun, and our circadian rhythms are aligned with the sunrise and fall. Studies show that people who work night shifts are at increased risk for chronic diseases ranging from cardiovascular disease to cancer.  
If you are not currently working a nightshift job (0), if you are currently working a nightshift job (+1)

16. **What is the level of stress in your life?** Chronic stress creates a harmful burden on your health defenses, contributes to excess cortisol secretion, places undue demands on the heart, negatively impacts your gut microbiome, lowers the immune system, disrupts tissue regeneration in the body, and can eventually fatigue your adrenal system.  
Low stress (0), Moderate stress (+1), if you live in a state of chronic high stress (+2)

17. **Did one or both of your parents die from a health problem under age 50?**  
If both of your parents live(d) beyond the age of 50 (0), If one parent died under age 50 (+1), if both parents died under age 50 (2+)

## RATING SCALE:

-2      -1      0      +1      +2

Total Score: \_\_\_\_\_

# INTERPRET YOUR HEALTH RISK

EXPLANATION:	OVERALL SCORE RANGE
<p><b><u>Lowest Risk:</u></b> Congratulations! You are in the lowest possible risk category. The green zone is where you want to stay. You are in the best possible position to make this happen. Recognize that as you get older and continue to encounter harmful toxins in the environment, your score will increase. This is where diet comes in. Start by deliberately eating foods that boost your health defense systems. Keep up the good work and power up your health defenses so you can fight the assaults of aging and living in our modern world.</p>	<p><b><u>0 – 9</u></b></p>
<p><b><u>Moderate Risk:</u></b> You are not in imminent danger, but you need to actively reduce risks so your score doesn’t increase. For example, if you quit smoking and do regular exercise, you can reduce the risk of some cancers by 70%, diabetes by 90%, and heart disease by 80%. You should build health–defensive eating into your life on a daily basis.</p>	<p><b><u>10 – 18</u></b></p>
<p><b><u>Highest Risk:</u></b> Without deliberate changes in your life you are on a collision course with a major illness in the future. It’s time to take a serious look at what you can do to lower your risks, especially when it comes to your diet and lifestyle. There are at least 9 places where you could make changes: losing weight, moving to a lower-risk location, quitting smoking/vaping, reducing alcohol intake, lowering stress, quit the night shift, get a pet, take a daily brisk walk. Very importantly: change your diet immediately to get the good benefits of food.</p>	<p><b><u>19 – 29</u></b></p>