

# Wellness Assessment

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date \_\_\_\_\_

## Take the First Step Towards a Healthier Lifestyle

When you complete this individual Wellness Assessment you'll learn what steps you can take to create a personalized nutrition plan with targeted health support. The entire assessment takes just 10 minutes to complete, and your practitioner can provide recommendations immediately based on your results.

The first part of the assessment identifies a foundation nutrition solution that is customized to your individual needs. The second part of the assessment identifies solutions to address stress and low energy concerns.

## Setting a Better Foundation for Health

Active living and healthy aging make some strong nutritional demands. But modern nutritional fuel often fails to provide enough gas to go very far down the right roads. Fast food lifestyles may contribute to a lower intake of health-promoting nutrients, while contributing to “overnourishment” of fats, sugars, and energy intake that can negatively influence health. While food is the optimal source, nutritional supplements may be strategically recommended to help fill dietary gaps or meet special requirements for key nutrients. By honestly assessing your overall health, your healthcare provider can create a foundational nutrition solution that is customized to your individual needs.

1. How would you rate the stress level you experience on a regular basis on a scale of 1-10, 10 being the worst? (circle one)

1 2 3 4 5 6 7 8 9 10

2. How many days a week do you eat breakfast? (circle one)

0 1 2 3 4 5 6 7

3. How many days a week do you eat lunch? (circle one)

0 1 2 3 4 5 6 7

4. How many days a week do you eat dinner? (circle one)

0 1 2 3 4 5 6 7

5. Do you take a multivitamin daily?

Yes No

6. Do you smoke on a daily basis?

Yes No

7. Do you drink 2 or more 8 ounce cups of caffeinated coffee or other caffeinated beverages three days a week or more?

Yes No

8. Which **ONE** of the following best defines you or is what you are most concerned about? (You can select one only.)

a. I am pregnant, nursing, or planning to get pregnant in the next 3 months.

b. I am a woman concerned about bone health.

c. I am a woman concerned about menopause and beyond.

d. I am a man concerned about prostate health and enhancing libido.

e. I have an active lifestyle and want to support joint health.

f. I feel fatigued after meals or am concerned about maintaining a balance of energy throughout the day.

g. I am interested in general health and vitality.

## Relieving Stress and Supporting Energy and Vitality

Stress is a normal part of life, and at one point or another we feel like we need more energy. Please take a few moments to discover your body's response. By honestly assessing how you feel, your healthcare provider can recommend a natural stress relief and/or an energy support program for your individual needs.

Please read each statement and select the response that best describes your feelings or reactions throughout the course of the day.

### Each portion has the following choices:

0=Never true: Rarely (0 points)

1=Seldom true: Once a week (1 point)

2=Sometimes true: 2-3 times a week (2 points)

3=Often true: 4-7 times a week (3 points)

Over the last 2 weeks, I...

### Section A

1. Get wound up when I get tired and have trouble calming down ..... 0 1 2 3
2. Feel driven, appear energetic but feel "burned out" and exhausted..... 0 1 2 3
3. Feel restless, agitated, anxious, and uneasy..... 0 1 2 3
4. Feel easily overwhelmed by emotion (e.g., cry easily or laugh inappropriately)..... 0 1 2 3
5. Am occasionally constipated..... 0 1 2 3
6. Have trouble falling asleep and staying asleep..... 0 1 2 3
7. Sleep less than 7 hours a night ..... 0 1 2 3

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

### Section B

1. Feel tired for no apparent reason ..... 0 1 2 3
2. Experience lingering mild fatigue after exertion or physical activity..... 0 1 2 3
3. Find it difficult to concentrate and complete tasks..... 0 1 2 3
4. Feel cold or chilled—hands, feet, or all over—for no apparent reason. .... 0 1 2 3
5. Have little or no interest in sex ..... 0 1 2 3
6. Have trouble losing weight..... 0 1 2 3
7. Wake up tired even though I seem to get plenty of sleep ..... 0 1 2 3

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

### Section C

1. Feel stressed and mentally tired..... 0 1 2 3
2. Have trouble organizing my thoughts and lose focus easily..... 0 1 2 3
3. Feel like I do not have adequate energy to get through the day..... 0 1 2 3
4. Lack the motivation and energy to stay on task and pay attention ..... 0 1 2 3
5. Am forgetful ..... 0 1 2 3
6. Feel unsettled, restless, and anxious..... 0 1 2 3
7. Wake up tired and unrefreshed ..... 0 1 2 3

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

Question 8 Answer	_____
Total for Section A	_____
Total for Section B	_____
Total for Section C	_____



Genetic Potential Through Nutrition