

# Vitality Timeline & Health Behavior Map

1. Are you currently taking insulin? YES NO
2. Are you currently taking Coumadin? YES NO
3. Do you have kidney stones? YES NO
4. Family Health: Write down any family members—children, parents, siblings, aunts, uncles, grandparents, first degree cousins—who have had any of the following health issues:
  - Brain or mental health issues
  - Heart issues
  - Autoimmune issues \_\_\_\_\_

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5. Parental health before you were born:
  - Health of your mother prior to pregnancy:  
GOOD POOR UNKNOWN SMOKER
  - Health of your father prior to pregnancy:  
GOOD POOR UNKNOWN SMOKER
6. Birth circumstances:
  - Vaginal birth
  - Cesarean Section
  - Unknown if vaginal or cesarean
  - Premature or stressful birth
  - Time spent in neonatal intensive care unit after birth
  - Antibiotics at birth or shortly thereafter
  - Breastfed: NEVER YES — (approximate # of months \_\_\_\_\_ )
7. Antibiotic exposure:  
How often have you taken antibiotics in your lifetime?  
Age of first antibiotic (approximate) \_\_\_\_\_
  - Less than 5 courses       5-10 courses       11-20 courses
  - Greater than 20 courses

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## 8. Toxin Exposure:

- Private well
- Industrial solvents
- Agricultural
- Water damaged buildings
- Mold
- Art/hobby
- Welding
- Other \_\_\_\_\_

## 9. Infections:

- Lyme disease
- Infectious mononucleosis
- Other \_\_\_\_\_

## 10. Stress:

Write down how old you were when you were affected by any of the following events. If the event occurred multiple times, write down your age at each occurrence.

- Divorce
- Work conflict
- Trauma
- Family conflict
- Death of friend/family
- Other \_\_\_\_\_

11. How old were you when you last felt well: \_\_\_\_\_

12. Current concerns: (List up to 5: pain, balance, mood, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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13. Major milestones. List up to 5 milestones of onset of new symptom or worsening symptoms related to your current concerns:

Age \_\_\_\_\_ Symptom \_\_\_\_\_  
Age \_\_\_\_\_ Symptom \_\_\_\_\_  
Age \_\_\_\_\_ Symptom \_\_\_\_\_  
Age \_\_\_\_\_ Symptom \_\_\_\_\_  
Age \_\_\_\_\_ Symptom \_\_\_\_\_

14. Known food or drug allergies:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_  
7. \_\_\_\_\_  
8. \_\_\_\_\_  
9. \_\_\_\_\_  
10. \_\_\_\_\_

15. Sleep:

How many hours of sleep do you get every night? \_\_\_\_\_

Describe your quality of sleep:    GOOD                    FAIR                    POOR

16. Exercise/movement:

How often do you exercise?

Times/week \_\_\_\_\_ Minutes/session \_\_\_\_\_

Type of Exercise(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## 17. Diet:

Circle those that you have, or currently are eating:

- Vegetarian
- Vegan
- Diabetic
- Atkins
- Paleo
- Ketogenic
- Standard American Diet (SAD)
- Other \_\_\_\_\_

## 18. Stress-reducing practices:

- Meditation
- Mindfulness
- Yoga or Tai Chi
- Gardening
- Time in nature
- Journaling
- Epsom Salt / dead sea salt soaks
- Massage
- Prayer
- Other \_\_\_\_\_
- How many minutes per day on average \_\_\_\_\_
- How many sessions per week on average \_\_\_\_\_

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19. Life purpose:

|   |     |    |
|---|-----|----|
| Do you have a clear personal mission?               | YES | NO |
| Do you have supportive individuals in your life?    | YES | NO |
| Do you have a group that is emotionally supportive? | YES | NO |
| Is your self-talk mostly positive?                  | YES | NO |
| Is your spiritual life satisfactory?                | YES | NO |

20. Digestion:

Check medications you are taking now or have taken in the past:

- Acid lowering medication
- NSAIDs
- Hormones
- Antibiotics
- Prednisone

|                          |     |    |
|--------------------------|-----|----|
| History of bloating?     | YES | NO |
| History of Constipation? | YES | NO |
| History of Diarrhea?     | YES | NO |
| Probable dysbiosis?      | YES | NO |

21. Immune cells protecting / attacking:

|                       |     |    |
|-----------------------|-----|----|
| Infection history?    | YES | NO |
| Autoimmune diagnosis? | YES | NO |

Other \_\_\_\_\_

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22. Energy (Mitochondria):

Check the symptoms that are presently a problem:

- Fatigue
- Chronic headache
- Heart failure
- Worsening memory
- Macular degeneration
- Retinal problem

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### 23. Hormones:

Check the symptoms that are presently a problem:

- Chronic severe stress
- Probable low Vitamin D
- Infertility
- Endometriosis
- Pelvic pain
- Chronic prednisone use
- Erectile dysfunction
- Low libido
- Thyroid hormone problem
- Other \_\_\_\_\_

### 24. Dental Health

- Do you have amalgam fillings? Age of first filling? \_\_\_\_\_  
How many total? \_\_\_\_\_
- Did you have them removed? Was this with a Dentist wearing protective gear and using a respiration system? \_\_\_\_\_
- Do you have any root canals? How many? \_\_\_\_\_

### 25. Trauma:

Check the symptoms that are presently a problem:

Are you currently suffering from (check all that apply):

- Injury to head
- Injury to neck or spine
- Chronic severe pain
- Concussion
- Loss of consciousness
- Car or motorcycle accident
- Fall
- Seeing stars
- Sports injury

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26. Major environmental factors likely contributing to current health problems.

Check all that apply:

- Genetic inefficient enzymes for handling B vitamins and processing toxins (family history of brain, heart, autoimmune issues)
- Toxic relationships (people or habits that sabotage your efforts to improve health)
- Antibiotic and/or medication use that causes problems with gut bacteria (dysbiosis)
- Unrecognized food sensitivities (gluten, dairy)
- Toxin exposures and inefficient enzymes
- Mitochondrial strain
- Hormone problems
- Chronic elevation of stress hormones
- Poor resilience factors (support, self-talk, spiritual life, meaning)
- Poor health behaviors (poor sleep, little exercise, poor diet, no stress-reducing practices)
- Prior head injury
- Other \_\_\_\_\_