

Assess your Life Health Holistically

Add up/down your points according to your response:

1. Are you over or under weight? _____
 - 10lb under or more (-5)
 - +5 to 15lb over (-5)
 - Over 25lb (-15)

2. Do you awake rested? _____
 - Always (+15)
 - 6 days per week (-5)
 - 4 to 5 days per week (-10)
 - Never to 3 days per week (-15)

3. Do you use sleep medication? _____
 - Yes, prescription (-15)
 - Non-prescription (-5)

4. Do you use any stomach aid medications for gastritis, GERD, ulcers or esophagitis)? _____
 - Yes (-10)

5. Do you use anti-depressants? _____
 - Yes (-15)

6. Do you walk and/or exercise? _____
 - 3 times per week (+10)
 - 1 to 2 times per week (-5)
 - Never (-10)

7. Are you happy? _____
 - Yes (+10)

8. Do you enjoy the work that you do? _____
 - Yes (+10)
 - No (-10)

9. Do you read food labels? _____
 - No (-15)

10. Do you vacation two times per year for more than one week at a time? _____
 - Yes (+10)

11. Do you take prescriptions? _____
 - 2 to 3 (-5)
 - 4 to 5 (-10)
 - 6+ (-15)

12. Do you take herbs daily? _____
 - Yes (-10)

13. Do you take nutritional supplements? _____
- Minerals (+5)
 - Vitamins (+5)
 - Essential fatty acids (+10)
 - Extra natural vitamin E (+10)
14. Do you eat a high protein, high fat = low carb diet? _____
- Less than 1 month per year (-5)
 - 1 to 3 months per year (-10)
 - Greater than 4 months per year (-15)
15. Do you grow your own food? _____
- Yes (+10)
16. Do you eat organic? _____
- Yes (+5)
17. Do you experience symptoms from eating non-compatible food such as: belching, flatulence, abdominal cramps, anxiety, irritability, constipation, diarrhea, rashes, brain fog, mucous or hyper somnolence? _____
- Once per week (-5)
 - 3 time per week (-10)
 - Daily (-15)
18. Do you meditate? _____
- One time per week (+5)
 - Three or more time per week (+10)
19. Do you eat meat? _____
- 0 to once per week (+5)
 - 3 times per week (-5)
 - Daily (-10)
20. Are you emotionally expressive? _____
- Yes (+10)
21. Do you intentionally fast? _____
- Never (-10)
 - 5 to 10 days per year (+5)
 - 11 to 20 days per year (+10)
22. Do you drink sugar beverages (soda, fruit juices, milk)? _____
- None per week (+5)
 - 1 time per week (-5)
 - 2 to 7 times per week (-10)
 - 8 or more times per week (-15)
23. Do you consume cow dairy products? _____
- None per week (+5)
 - 1 to 2 per week (-5)
 - 3 times or more per week (-10)
24. Do you consume caffeine (regular coffee, black, or green tea)? _____
- None per week (+5)
 - 1 to 3 per week (-5)
 - Daily (-15)

25. Do you eat candy bars? _____
- None per week (+5)
 - 1 to 3 per week (-5)
 - Daily (-10)
26. Have you had problems with the following organs (Detoxification)? _____
- Liver (-5)
 - Kidney (-5)
 - Skin (-5)
 - Lung (-5)
 - Bowel (-5)
27. Do you feel stress? _____
- Daily (-15)
 - Once per week (-5)
 - Never (+5)
28. Do you smoke tobacco? _____
- Yes (-15)
29. Do you get intoxicated once per year? _____
- Alcohol (-10)
 - Other drugs (-10)
30. Do you have any cravings or addictions? _____
- (-5 for each craving/addiction)

Total points:

- -76 or more, you need to reevaluate your life
- -75 to -51, you're becoming ill
- -50 to -26, you are setting yourself up for problems
- -25 to +25 is status quo

On an average, if your score is:
 +26 to +50, you are doing better than most
 +51 to +75 you are making gains
 +76, you are doing well – destiny is yours!

—Mark Laursen MD
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