

# Vitality Assessment

Name:

Date:

Nutrition  
& Digestion

Movement  
& Metabolism

Rest &  
Manage Stress

Reduce  
Toxicity

Informed  
Self Care



Place a check mark in the box for each answer that applies.

NUTRITION & DIGESTION	Never Me	Seldom Me	Sometimes Me	Often Me	Always Me
I eat whole foods and avoid processed, junk, or fast foods even when I eat out.					
I eat an 80%+ nutrient-rich diet, with at least 5 servings of vegetables and fruits daily.					
I get good, sustainable energy from what I eat and feel vibrant throughout the day.					
I am rarely bothered by what I eat and don't have food sensitivities.					
I avoid soda, energy, or other commercial/processed sugary or diet drinks or beverages.					
I occasionally use stimulants such as caffeine but avoid excessive consumption.					
I am free from alcohol, drug, nicotine, and medication dependency.					
I take nutritional supplements regularly (e.g., vitamins/minerals/antioxidants + omegas).					
I regularly consume additional greens as part of a daily supplement or smoothie routine.					
Regardless of what I eat, I rarely experience heartburn, indigestion, gas, or bloating.					
My elimination is rarely uncomfortable. I have regular bowel movements 2-3 times/day.					
Regardless of what I eat, I rarely experience constipation or diarrhea.					
I regularly supplement with fiber, enzyme, and probiotic products.					
I rarely suffer from bad breath.					
If I have children, they take nutritional supplements/vitamins regularly.					
Now, rate yourself overall in this area on a scale of 1-10 (1 being the lowest, 10 being the highest/healthiest). This is not a mathematical summary of your answers. Rather, it is simply how you feel you're doing in this area of health.					

MOVEMENT & METABOLISM	Never Me	Seldom Me	Sometimes Me	Often Me	Always Me
I exercise regularly and am active for at least 30 minutes daily.					
I engage in muscle-strengthening exercises and/or weight training 3+ times per week.					
I experience muscle strength and endurance during aerobic or physical activity/exercise.					
I recover quickly from any kind of activity or exercise and am not overly fatigued by it.					
I breathe easily and comfortably when physically active. I have good aerobic capacity.					
I am free from aches, pains, headaches, injuries and move with ease throughout my day.					
I use natural solutions to relieve occasional discomfort after movement/activity.					
I have sustainable energy throughout the day and don't crash in the afternoons.					
My metabolism and blood glucose levels are consistently within a healthy range.					
I maintain my ideal weight with ease, rarely needing to adjust diet or lifestyle.					
I have a healthy relationship with food and eat only when I am hungry.					
My appetite feels well balanced. I don't over/under eat or experience cravings.					
I feel satisfied after I eat a balanced meal, not continuing to crave food afterwards.					
I easily maintain cholesterol levels in a healthy range.					
Now, rate yourself overall in this area on a scale of 1-10 (1 being the lowest, 10 being the highest/healthiest). This is not a mathematical summary of your answers. Rather, it is simply how you feel you're doing in this area of health.					

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REST & MANAGE STRESS	Never Me	Seldom Me	Sometimes Me	Often Me	Always Me
I fall asleep easily without the need for supplements, medication, or other support.					
I stay asleep throughout the entire night and don't need extra support to do so.					
I wake up feeling rested, renewed, and refreshed from restorative sleep.					
I am motivated and engage in activities with enthusiasm, maintaining a positive outlook.					
I am trusting of myself. I feel capable to participate in and navigate most situations.					
I practice mindfulness and/or meditation regularly.					
I have a consistent passion for life and am open to new experiences.					
I feel emotionally balanced throughout the day. I can relax and feel inner peace.					
I rarely feel overly anxious, fearful, overwhelmed, and am tension free.					
I am resilient. I handle stress well and recover quickly from stressful situations.					
I adapt quickly to interruptions and am not easily agitated or irritated.					
I live with self-confidence and do not require excessive reassurance.					
I rarely experience excess worry, fear or doubt and am not prone to overthinking things.					
I easily maintain focus and concentration and can stay on task.					
<b>Now, rate yourself overall in this area on a scale of 1-10 (1 being the lowest, 10 being the highest/healthiest). This is not a mathematical summary of your answers. Rather, it is simply how you feel you're doing in this area of health.</b>					

REDUCE TOXICITY	Never Me	Seldom Me	Sometimes Me	Often Me	Always Me
I eat primarily organic food, whether produce, baked, canned, or prepared.					
I read food labels and avoid chemically laden, overly processed foods.					
I use organic spices and other ingredients when it comes to flavoring my food.					
I engage in routine internal detoxification through diet, supplements, and/or programs.					
I use chemical-free/natural toothpaste and oral care products.					
I use chemical-free/natural skin/face care and makeup products.					
I use chemical-free/natural hair, hand, and body care products.					
I use chemical-free/natural products to clean my home.					
I use chemical-free/natural air purifying/freshening products, devices, and candles.					
I use chemical-free/natural laundry products, free from synthetic fragrances.					
I use chemical-free/natural products for my yard care.					
I use toxin-free solutions when outdoors for sun care and insect repellents.					
I am free from chemical sensitivities.					
My body aroma is not offensive, and I perspire in a healthy way.					
I drink pure/purified water as my consistent water source.					
I consume enough water—approximately ½ my body weight in ounces—daily.					
I maintain limited exposure to electromagnetic devices (cell phone, computer, TV, etc.).					
<b>Now, rate yourself overall in this area on a scale of 1-10 (1 being the lowest, 10 being the highest/healthiest). This is not a mathematical summary of your answers. Rather, it is simply how you feel you're doing in this area of health.</b>					

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INFORMED SELF CARE	Never Me	Seldom Me	Sometimes Me	Often Me	Always Me
I take specialty supplements designed to target cellular health and longevity.					
I have a strong immune system and rarely get sick. If I do get sick, I recover quickly.					
I turn to natural solutions as my first line of defense for immune health.					
My bones are healthy and strong. I have flexible joints that move with ease.					
I take specialty supplements to maintain healthy levels of inflammation/joint health.					
I have good vision/eyesight.					
I maintain healthy breathing, free from seasonal or environmental sensitivities.					
I avoid tobacco in all forms (e.g. smoking, chewing, vaping).					
My air quality is good (not regularly exposed to airborne toxins or excessive air pollution).					
My urine is pale yellow and without strong aroma. I reach the bathroom without excess urgency.					
I do NOT experience frequent (get up 2x's or more) nighttime urination.					
I feel stable. I am NOT often shaky, dizzy, nor do I feel imbalanced or unsteady.					
I can focus and concentrate for long periods of time. I don't get brain fog.					
My mental capacities, thinking, and memory are clear, sharp, and quick.					
I have a strong heart, healthy circulation, and don't get excessively cold extremities.					
I do not experience hot flashes or night sweats.					
I have healthy reproductive organs; healthy menstruation or healthy prostate.					
I have a healthy sex drive without the use of supplementation/other support.					
I feel hormonally balanced and free from synthetic or bioidentical hormone therapy.					
I have healthy hair, skin, and nails; not dry, brittle, split, or cracked.					
My skin is free from breakouts, spots/blotches, and dry patches.					
I keep natural, over-the-counter solutions on hand for life's little emergencies and first aid.					
Now, rate yourself overall in this area on a scale of 1-10 (1 being the lowest, 10 being the highest/healthiest). This is not a mathematical summary of your answers. Rather, it is simply how you feel you're doing in this area of health.					

Place each rating from above in appropriate box.



**Based on your answers, identify your top health priorities/concerns.**

What do you want to experience more of?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

What do you want to experience less of?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_