

7 Pillars Scorecard Assessment

Fun					
Which most closely applies to you?		0	1	2	3
0 = Nothing seems fun anymore. 1 = I am not sure what fun is anymore. 2 = I don't have enough fun. 3 = I am aware of what's fun, and I long to do it more often. 4 = I am confident with what's fun to me, and I do it often.					4
How often do you take time for...					
0 = Never or almost never 1 = 1 time per week		2 = 2-3 times per week 3 = 4-5 times per week 4 = Daily			
Hobbies and recreation overall		0	1	2	3
Fun activities: a hobby, gardening for fun, arts and crafts, listening to music, etc.		0	1	2	3
Exercise: hiking, running, walking, yoga, going to gym, swimming, cycling, etc.		0	1	2	3
Games: playing group sports, playing board games, card games, puzzles, etc.		0	1	2	3
Connecting: calling friends or family members, going out with friends, connecting with individuals on social media, etc.		0	1	2	3
Silliness: deliberately engaging in playful activities that are just for the fun of it and bring out your inner 7-year old		0	1	2	4
Self-improvement: read or listen to personal development		0	1	2	3
Spiritual: out in nature, meet with people from your belief group, meditate, etc.		0	1	2	3
How often do you spend time on...					
0 = Daily 1 = 4-5 times per week		2 = 2-3 times per week 3 = 1 time per week 4 = Never or almost never			
Venting: calling a friend/family member to gripe or gossip		0	1	2	3
Distractions: eat, watch TV, play video games, etc.		0	1	2	3
Chores: laundry, cleaning, organizing, yard work, etc.		0	1	2	3
Total for Each Column (number of checkmarks x value)					
GRAND TOTAL for Fun (Max 48)					

Score Interpretation:

- > 40:** You are doing a great job of having fun!
- 31-40:** You need to add more fun to your life. Take time every day for 20-30 minutes and once a week for a couple of hours.
- 21-30:** Your fun quota is sinking fast. Add more fun to your daily life. You have a little fun in your life now, but not enough to make a positive improvement on your health. Plan on doing something fun for 5-10 minutes a day during the weekdays and up to 30 on weekends.
- 0-20:** You need to turn up the dial on fun and start planning it into your daily life in order to improve your energy and health. Planning for 5 minutes a day is a good starting point.



Rest and Relaxation				
Sleep Part 1	0	1	2	3
Usual bedtime? (0=before 10pm, 1=between 10 and 11pm, 2=between 11pm and 12am, 4=after midnight)				
Usual time you get up in the morning? (0=6am or earlier, 1=between 6 and 7:30am, 2=between 7:30 and 9am, 3=after 9am)				
Average number of hours you sleep? (0=8 or more, 1=between 7 and 8, 2=between 6 and 7, 3=less than 6)				
How would you rate the quality of your sleep? (0=excellent, 1=good, 2=okay, 3=poor)				
Total for Each Column (number of checkmarks x value)				
Subtotal Part 1 (Max 12)				
Sleep Part 2	NO	YES		
Do you have an established evening routine/set of habits?	3	0		
Do you have trouble falling asleep?	0	3		
Do you have trouble staying asleep?	0	3		
Do you sleep through the night?	3	0		
Do you sleep in a darkened room?	3	0		
Do you feel rested when you wake up?	3	0		
Do you have any electronic devices in the room where you sleep?	0	3		
Do you awaken to an alarm clock?	0	3		
Do you watch TV or use the computer right before going to sleep?	0	3		
Do you eat anything within 3 hours of bedtime?	0	3		
Do you have problems with insomnia?	0	3		
Do you snore?	0	3		
Do you use a C-Pap machine?	0	3		
Total for Each Column (number of checkmarks x value)				
Subtotal Part 2 (Max 39)				
GRAND TOTAL for Sleep (Subtotal Parts 1 – 2) (Max 51)				

Score Interpretation:

- 0-6:** Congratulations! You have excellent sleep habits, and your health is unlikely to be negatively influenced by lack of quality sleep.
- 7-15:** Your sleep is not serving you as best it could. Begin to address areas you can control, like the time you go to bed and get up, electronics in the room, and eating patterns.
- 16-25:** Your poor sleep hygiene is compromising your health and needs to be addressed in order for you to achieve the balance and energy you desire. You may need to work with a practitioner in order to determine why you are having trouble sleeping.
- 26-51:** Your sleep is severely compromised and is likely causing you imbalances in hormones, blood sugar, inflammatory responses, and digestion. You need to address this right away.



Exercise				
On average, how long do you exercise (total time per day)? 0 = Never, or just started 1 = More than 10 minutes, up to 30 minutes 2 = More than 30 minutes, up to 60 minutes 3 = More than 60 minutes	0	1	2	3
For the next 3 questions, use the following scale: 0 = Less than 1 time per week, or just started 1 = 1-2 times per week	2 = 3-4 times per week 3 = Almost every day			
How often are you doing aerobic exercise (cardio), like walking, running, cycling, swimming or other?	0	1	2	3
How often do you do weight lifting or body weight resistance exercises?	0	1	2	3
How often do you do stretching or yoga?	0	1	2	3
How often are you doing a short session (30 seconds - 1 minute) of maximum intensity burst exercise? 0 = Never, or just started 1 = Occasionally 2 = A few times a week 3 = 4-8 times every day or other day	0	1	2	3
How do you feel after exercising for 10 minutes or less? 0 = Exhausted and in pain; can't exercise again for a few days afterwards 1 = Starving for several hours, a little sore the next day, but overall pretty good and ready to exercise again after 48 hours 2 = A little tired and sore but energized 3 = Energized and exhilarated	0	1	2	3
How do you feel after exercising for 30 minutes or more 0 = Exhausted and in pain; can't exercise for a few days again afterwards 1 = Starving for several hours, a little sore the next day, but overall pretty good and ready to exercise again after 48 hours 2 = A little tired and sore but energized 3 = Energized and exhilarated	0	1	2	3
Total for Each Column (number of checkmarks x value)				
GRAND TOTAL for Fitness (Max 21)				

 19-21: Congratulations! You have good habits in place for maximizing the benefits of exercise on your body function and keeping your blood sugar and hormones balanced. Continue to exercise regularly.

 15-18: You are well on your way to having health enhancing fitness practices in place. Continue to increase the frequency and duration of exercise sessions, and you'll be better able to manage your weight and balance your hormones.

 10-15: You have the beginnings of an effective fitness program in place, but you need to pay extra attention to this area to maximize the benefits of movement on your hormones and immune system.

 0-9: It's time to get started on an effective fitness regime and reap the benefits of improvements in your health, weight, and blood sugar control.



Environment

Answer yes or no to the following exposures, now or in near past.	YES	NO
Are the lights in your work environment fluorescent?	3	0
Are you exposed to radiation?	3	0
Do you use fluorescent lights at home?	3	0
Do you live or work near high power lines?	3	0
Does your job or hobbies require the use of chemicals or pesticides?	3	0
Do you use or store chemical fertilizers or pesticides in your home, yard, or garage?	3	0
Are you sensitive to automobile fumes?	3	0
Do you feel uncomfortable or have a flare up of symptoms in shopping malls?	3	0
Do perfumes or cleaning products make you feel ill or uncomfortable?	3	0
Are your symptoms worse at a particular time of year?	3	0
Are your symptoms worse at a particular time of day?	3	0
Are your symptoms worse in particular places or rooms in your house?	3	0
Is your home carpeted?	3	0
Have you installed new carpeting within the past year or two?	3	0
Has your home been repainted in the last year or two?	3	0
Do you have pets?	3	0
Have you experienced sudden health challenges after any toxic exposure?	3	0
Are you sensitive to cigarette smoke?	3	0
Do you use rug cleaners?	3	0
Do you use disinfectants?	3	0
Do you use spot removers?	3	0
Do you do recreational painting?	3	0
Do you wear many dry-cleaned clothes?	3	0
Have you noticed changes in your health since you moved into your home?	3	0
Do you wear much polyester or synthetic clothing?	3	0
Have you put up wallpaper in the last 2 years?	3	0
Do you use foam cushions or foam mattresses?	3	0
Do you live or have lived in a trailer?	3	0
Do you work in a laboratory?	3	0
Do you use waxes and polishes on your floor?	3	0
Have you been around resin glues and plastics?	3	0
Do you have a wood-burning stove?	3	0
Do you have draperies?	3	0
Do you smoke?	3	0
Do you have a photography darkroom?	3	0
Do you use nail polish remover, acrylic nails, or fingernail hardener?	3	0
Do you use pesticides?	3	0
Do you use weed killer?	3	0
Have you lived or worked at a dry cleaning plant?	3	0
Do you drink tap water?	3	0
Do you shower in tap water?	3	0
Do you have mothballs in your closets?	3	0
Do you pump your own gasoline?	3	0
Do you eat commercially raised meat?	3	0
Do you use insecticides?	3	0



Environment		
Answer yes or no to the following exposures, now or in near past.	YES	NO
Do you use bug spray?	3	0
Do you handle propane and butane?	3	0
Do you get your clothes dry-cleaned?	3	0
Do you store dry-cleaned clothes in your closets?	3	0
Do you barbecue more than 2 times per month?	3	0
Do you work close to a laser printer?	3	0
Do you use Styrofoam cups?	3	0
Do you use hair spray?	3	0
Do you use antiperspirant?	3	0
Do you wear perfumes?	3	0
Do you use air fresheners?	3	0
Do you use disinfectants	3	0
Is your garage attached to your home?	3	0
Do you have poor ventilation at work?	3	0
Do you work close to a photocopier?	3	0
Do you live in an old home?	3	0
Do you have old ceiling tiles, plaster, insulation board, and/or heating duct tape?	3	0
Was your mother exposed to any chemicals or drugs during pregnancy? (i.e. DES)	3	0
Do you use commercial brands of shampoo?	3	0
Do you use commercial brands of hair conditioner?	3	0
Do you use commercial brands of toothpaste?	3	0
Do you use commercial brands of make-up?	3	0
Do you use commercial brands of lipstick	3	0
Do you use commercial brands of deodorant?	3	0
Do you use commercial brands of shaving cream?	3	0
Do you use commercial brands of facial creams?	3	0
Do you use commercial brands of body creams?	3	0
Do you use commercial brands of household cleaning supplies?	3	0
Do you use commercial brands of laundry soaps and/or softeners?	3	0
Do you use hair coloring?	3	0
Do you perm your hair?	3	0
Do you use an electric blanket?	3	0
Do you suspect mold exposure at home?	3	0
Is your home damp?	3	0
Do you or have you ever worked in beauty shop?	3	0
Do you have mercury tooth fillings?	3	0
Do you have breast implants?	3	0
Do you live on or near a golf course or in an industrial area?	3	0
Total for Each Column (number of checkmarks x value)		
GRAND TOTAL for Environment (Max 249)		



Score Interpretation:

- 0-30:** Congratulations! You are doing a good job of reducing toxic exposures in your environment.
- 31-60:** You are doing a pretty good job of keeping toxic exposures low; however, you have enough exposure to be contributing to health issues. Strive to reduce your toxic load and consider a detoxification program to support your channels of elimination.
- 61-100:** You have an extreme amount of toxic exposures, which are likely contributing to hormone imbalance, digestive deficiencies, low energy, and inflammation. You need to reduce your toxic load and consider doing a detoxification program to support your liver and colon in eliminating the toxins more efficiently.
- >100:** You have an extreme amount of toxic exposures, which are very likely contributing to hormone imbalance, digestive deficiencies, low energy, and inflammation. You need to reduce your toxic load and consider doing a detoxification program to support your liver and colon in eliminating the toxins more efficiently.



Diet Section 1 – Positive Habits				
Diet Section #2 Point Scale				
0 = Rarely or ever consume		2 = Consume on a weekly basis		
1 = Consume 2 to 3 times a month		3 = Consume daily or almost every day		
Positive Diet Habits		0	1	2
Fresh fruits				
Raw vegetables				
Rainbow "vegetables" (carrots, peppers, beets, squash, etc.)				
Green leafy vegetables (kale, spinach, chards, lettuces, etc.)				
Cruciferous vegetables (broccoli, cauliflower, kale, cabbage, etc.)				
Sea vegetables (nori, wakame, arame, kelp, etc.)				
Salads				
Sprouts				
Sulfur rich foods (onion, garlic)				
Probiotic rich foods (fermented veggies, sauerkraut, kefir, non-dairy yogurt, miso, natto)				
Fresh vegetable juice				
Omega-3 rich nuts and seeds (walnuts, flax seeds, chia seeds, hemp seeds)				
Pumpkin seeds (zinc)				
Sunflower seeds (lecithin)				
Brazil nuts (selenium)				
Almonds (iron)				
Macadamia nuts (copper)				
Avocado (glutathione, potassium)				
Coconut (MCT, caprylic acid, gut and brain health)				
Anti-inflammatory and therapeutic spices and herbs: ginger, turmeric, basil, oregano, thyme				
Green smoothies				
3 = 32 ounces or more/day	1 = less than 16 ounces/day			
2 = 16 - 32 ounces/day	0 = occasional or never			
Filtered water				
3 = your weight in lbs multiplied by 0.5 in oz	1 = 17-32 ounces			
2 = 32-48 ounces	0 = 16 ounces or less			
Total for Each Column (number of checkmarks x value)				
GRAND TOTAL for Nutrition Section 2 – Positive Diet Habits (Max 66)				

Score Interpretation:

51-66: Congratulations! You are including nutrient-dense foods regularly and your body is enjoying the benefits. If you have symptoms which persist, look at ways to increase your score and to reduce your score in *Nutrition Section 1 (Diet Obstacles)*.

41-50: You are doing a good job of nourishing yourself, better than most people. Strive to incorporate more nutrient-dense foods, especially if you are having any health challenges.

31-40: There are many ways for you to improve your diet to better support hormone and energy balance. Improve upon all the things you are currently doing right.

0-30: You are incorporating less than adequate amounts of nutrient-dense, antioxidant-rich foods. You need to increase your intake or you risk developing severe nutrient deficiencies that can compromise your health.



Diet Section 2 – Detrimental Habits

Diet Section #1 Point Scale

0 = Rarely or ever consume
1 = Consume 2 to 3 times a month
2 = Consume on a weekly basis
3 = Consume daily or almost every day

Dietary Imbalances	0	1	2	3
Artificial sweeteners				
Candy and desserts using sugar				
Fast foods				
Fried foods				
Vegetable oils: safflower, sunflower, peanut, canola				
Luncheon meats				
Margarine				
Milk products				
Refined flour/baked goods				
Water, tap				
Carbonated beverages				
Coffee, regular				
Coffee, decaf				
Tea, black or other caffeinated				
Bottled or canned fruit juice				
Fresh fruit juice				
Beer				
Wine				
Other alcoholic beverages				
Soft drinks, sweetened				
Soft drinks, sugar-free				
Soft drinks, caffeinated				
Red meat, commercial				
Poultry, commercial				
Shell fish				
Eggs, commercial				
Cheese				
Butter				
Ice cream				
Other dairy				
Refined grains (white rice, etc.)				
Bread, white, gluten containing				
Bread, gluten-free				
Bread, whole wheat				
Bread, rye, flax, or other gluten containing grains				
Pasta, white, semolina				



Diet Section 2 – Detrimental Habits				
Diet Section #1 Point Scale				
0 = Rarely or ever consume				
1 = Consume 2 to 3 times a month				
2 = Consume on a weekly basis				
3 = Consume daily or almost every day				
Dietary Imbalances	0	1	2	3
Pasta, whole wheat				
Pasta, gluten-free				
Chips				
Crackers, whole grain				
Crackers, commercial				
Tortillas, wheat				
Total for Each Column (number of checkmarks x value)				
GRAND TOTAL for Nutrition Section 1 – Diet Obstacle (Max 126)				

Score Interpretation:

 0-10: Congratulations! You have very few diet stressors. If you are having symptoms in spite of relatively good habits, you might need to be a bit more careful. Are there foods in this section that you can eliminate? If your score is 0 or close to it, see what "good for you" foods you can increase.

 11-30: Your diet is not serving you as best it could. Begin to eliminate some of the dietary stressors and work at a pace that will ensure long-term adherence.

 31-59: Your diet is not serving you. There are quite a number of dietary stressors that are likely contributing to low energy, hormone imbalance, and digestive disturbance. Eliminate the dietary stressors a few at a time and work at a pace that will ensure long-term adherence. Don't let things sneak up on you, and don't wait for a severe wake-up call. Replace some of your "vice foods" with "nice foods" and watch the improvements roll in.

 60-126: Your diet is severely compromised and is in need of an overall redo. The foods you continue to include could be impacting your body in overt and covert ways. Begin by identifying a few foods in this section that you can reduce or eliminate. Work at your own pace. If your health is severely compromised, it's best to make changes as quickly as you can sustain.



Outlook		
Do you feel clear about your goals in life?	0	3
Do you set goals on a regular basis?	0	3
Do you revisit your goals to determine progress made and next steps?	0	3
Overall, do your daily actions align with your most important values and visions?	0	3
Are you happy most of the time?	0	3
Do you feel your life has meaning and purpose?	0	3
Do you like the work you do?	0	3
LIMITING Beliefs: Score 3 points for each of these thoughts you have on a regular basis or beliefs you hold.		
I can't	3	0
I shouldn't	3	0
I'm not good enough	3	0
I'm not smart enough	3	0
I'm too shy	3	0
I'm sick	3	0
I'll never get well	3	0
I'm too tired	3	0
Money is evil	3	0
I'm weak	3	0
If I get too close, I might get hurt	3	0
I might get rejected	3	0
I can't trust people	3	0
Success takes sacrifice	3	0
Self-care is selfish	3	0
Total for Each Column (number of checkmarks x value)		
GRAND TOTAL for Attitudes and Beliefs (Max 66)		

Score Interpretation:

0-9: Congratulations! You have an excellent attitude, your beliefs are aligned with health, and you are on track to achieve your health goals.

10-18: Your attitude and beliefs may be getting in the way of your follow-through and motivation to establish habits that lead you to the level of health you desire and deserve.

19-27: Your attitude and beliefs are likely getting in the way of your follow-through and motivation to establish habits that lead you to the level of health you desire and deserve. You will benefit from getting in touch with what matters most, learning to be optimistic, and letting go of limiting beliefs.

28-66: Your attitude and beliefs are most certainly getting in the way of your follow-through and motivation to establish habits that lead you to the level of health you desire and deserve. You need to get in touch with what matters most, learn to be optimistic, and let go of limiting beliefs that are getting in the way of your health and happiness.



Mindfulness				
Use the descriptions to choose the appropriate score. Calculate your results as go.				
Stress Part 1		0	1	2
How often do you practice the power of appreciation and an "attitude of gratitude" throughout the day?	0 = 5 or more times per day 1 = 3-4 times per day 2 = 1-2 times per day 3 = Never, or just started	0	1	2
How often are you practicing a stress management method or technique (e.g., meditation, prayer, HeartMath "Quick Coherence", etc.)? *	0 = 5 or more times per day 1 = 3-4 times per day 2 = 1-2 times per day 3 = Never, or just started	0	1	2
How often are you feeling "stressed out" (i.e. above a 7) on a stress scale from 0 to 10?	0 = About once or twice a week, or less 1 = A few to several times a week 2 = A few to several times a day 3 = All the time! Every waking moment!	0	1	2
Total for Each Column (number of checkmarks x value)				
Subtotal Part 1 (Max 9)				
Stress Part 2		YES	NO	
Do you feel clear about your goals in life?		0	3	
Overall, do your daily actions align with your most important values and visions?		0	3	
Are you happy most of the time?		0	3	
Do you feel your life has meaning and purpose?		0	3	
Do you like the work you do?		0	3	
Would you describe your experience as a child in your family as happy and secure?		0	3	
Did you feel safe growing up?		0	3	
Total for Each Column (number of checkmarks x value)				
Subtotal Part 2 (Max 21)				
Subtotal Parts 1 – 2 (Max 30)				
Stress Part 3		YES	NO	
Do you feel significantly less vital than you did a year ago?		3	0	
Do you believe stress is presently reducing the quality of your life?		3	0	
Have you experienced major losses in your life?		3	0	
Do you spend the majority of your time and money to fulfill responsibilities and obligations?		3	0	
Have you ever been involved in abusive relationships in your life?		3	0	
Was alcoholism or substance abuse present in your childhood home?		3	0	
Is alcoholism or substance abuse present in your relationships now?		3	0	
Do you feel you have an excessive amount of stress in your life?		3	0	
Total for Each Column (number of checkmarks x value)				
Subtotal Part 3 (Max 24)				
Subtotal Parts 1 – 3 (Max 54)				



Rate the daily stressors in your life on a scale of 1 – 10 (**1 not stressful - 10 very stressful**). Choose "0" if the item does not apply to you. Your score will be the number you choose.

Part 4	0	1	2	3	4	5	6	7	8	9	10
Health	0	1	2	3	4	5	6	7	8	9	10
Finances	0	1	2	3	4	5	6	7	8	9	10
School	0	1	2	3	4	5	6	7	8	9	10
Work	0	1	2	3	4	5	6	7	8	9	10
Relationships with close friends	0	1	2	3	4	5	6	7	8	9	10
Relationships with larger social network	0	1	2	3	4	5	6	7	8	9	10
Sex life	0	1	2	3	4	5	6	7	8	9	10
Relationship with a partner/spouse	0	1	2	3	4	5	6	7	8	9	10
Relationship with children	0	1	2	3	4	5	6	7	8	9	10
Relationship with parents	0	1	2	3	4	5	6	7	8	9	10
Relationship with extended family	0	1	2	3	4	5	6	7	8	9	10
Total for Each Column (number of checkmarks x value)											
	Subtotal Part 4 (Max 110)										
	Subtotal Parts 1 – 3 (Max 54)										
	Subtotal Parts 1 – 4 (Max 164)										

Select "Yes" or "No" to each life event in this list that happened **in the last 12 months**. For every "Yes" that applies, give yourself the points as listed. Upon completion, total the score and enter in box below.

Part 5: Life Event Stressors	YES	NO
Death of spouse	100	0
Divorce	73	0
Marital separation	65	0
Jail term	63	0
Death of close family member	63	0
Personal injury or illness	53	0
Marriage	50	0
Fired from work	47	0
Marital reconciliation	45	0
Retirement	45	0
Change in family members health	44	0
Pregnancy	40	0
Sex difficulties	39	0
Addition to family	39	0
Business readjustment	39	0
Change in financial status	38	0
Death of close friend	37	0
Change in line of work	36	0
Change in number of marital arguments	35	0
Mortgage or loan *over* \$10,000	31	0
Foreclosure of mortgage or loan	30	0
Change in work responsibilities	29	0



Part 5: Life Event Stressors - continued	YES	NO
Son or daughter leaving home	29	0
Trouble with in-laws or close family members	29	0
Outstanding personal achievement	28	0
Spouse begins or stops work	26	0
Starting or finishing school	26	0
Change in living conditions	25	0
Revision of personal habits	24	0
Trouble with boss	23	0
Change in work hours, conditions	20	0
Change in residence	20	0
Change in schools	20	0
Change in recreational habits	19	0
Mortgage or loan *under* \$10,000	18	0
Change in sleeping habits	16	0
Change in eating habits	15	0
Vacation	13	0
Total for Each Column (number of checkmarks x value)		
Subtotal Part 5 (Max 1392)		
Subtotal Parts 1 – 4 (Max 164)		
GRAND TOTAL for Stress (Max 1556)		

Score Interpretation:

 If your total score for all parts is less than 50 points: Congratulations! You are at a low risk for any stress-related illness. A regular practice of stress transformation activities is important to maintain your health and energy.

 If your total score for Parts 1-4 is less than 50 or your score for Part 5 is between 50-149 points: You have a mild risk of a stress-related impact on your health, and you should regularly engage in stress-transformation activities.

 If your total score for Parts 1-4 is less than 100 or your score for Part 5 is between 150-299 points: The risk of the stress-related impact on your health is reduced by 30% from the above-stated risk. It is important for you to regularly engage in stress-transformation activities, as well as to make changes to any current stressful situations that you have in your life. This will reduce the risk of stress-related damage that may be occurring now, as well as any future damage becoming greater to your health.

 If your total score for Parts 1-4 is greater than 100 or your score for Part 5 is 300+ points: You are at **high risk** of stress impacting your health, as well as your body developing a serious illness, unless you take immediate action and put stress transformation tools into place in your life. It is very important for you to engage in regular stress management and transformation activities. It is possible that there are life situations that need to be re-evaluated. Stress-related health consequences can impact your energy, your weight, and your enjoyment of the life you seek. Changes you can make to reduce the risk of future damage to your health should include adding fresh fruits and vegetables, sprouts, cereal grasses, and herbs. Also keep your exposure to environmental toxins at a minimum.



7 Pillars - Your Scorecard

Review and input your “GRAND TOTAL” score for each section. Using the score interpretations from each section, note where your score fits on the priority scale (low, medium, high, or very high) and then attend to correcting areas that are the highest priorities first.

Pillar	Max Score	Your Score	% of Max	Priority	1 = low (green) 2 = medium (blue) 3 = high (yellow) 4 = very high (red)
Fun	48				
Rest, Relaxation and Sleep	51				
Exercise	21				
Environment	249				
Diet Part 1 - Positive Habits	66				
Diet Part 2 – Detrimental Habits	126				
Outlook	66				
Mindfulness	1556				

