



S.H.I.N.E. Conference 2016 Handouts

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Your Big WHY

Brainstorm all the reasons that motivate you to help people with their health versus another profession.

- Why do you do what you do?
- Why are you HERE?
- What is the difference you want to make in the world?
- What is your contribution?
- If you are switching professions, what drives you?
- If there were no limitations, what would you aspire to?



Mastering the Nutritionally Oriented Client History

Why History Taking is Important

- What it takes to be thorough
- Functional assessment
- Root cause analysis
- Identify risk factors
- Early detection
- Prevention of disease and dysfunction
- Address signs and symptoms before they become pathology

Components of a Thorough History

DEMOGRAPHICS AND GENERAL INFORMATION

- Name, address, phone number
- Height and weight
- Marital status and family members
- Occupation
- Education
- Travel
- Pets

HEALTH GOALS

- Palliative, preventative or seeking optimal health and functioning
- 5-year vision
- 1-year vision
- 90-day goal
- 1-month goals

HISTORY OF CHIEF COMPLAINT(S)

- Onset: when started, mode of onset, mode of ending, initial treatment if any
- Progression
- Previous occurrence
- Quality of pain or discomfort
- Radiation to other body parts
- Review of any other related or concurrent symptoms
- Site of discomfort or pain
- Setting under which symptoms occur
- Severity
- Timing
- Associated symptoms
- Better with – relief obtained by activities, positions, treatments or lifestyle factors
- Contributing factors to worsening of symptoms
- Duration
- Effect on day to day activities
- Frequency



CURRENT HEALTH AND EXPOSURES

Review of Body Systems

- General – fatigue, fever, appetite, weight, sleep
- Digestive
- Respiratory
- Cardiovascular
- Musculoskeletal

Nutrition and Lifestyle Questionnaire

- Foods eaten and foods avoided
- Food frequency survey
- Eating habits and environment
- Hydration
- Unhealthy habits – alcohol, caffeine, tobacco
- Exercise habits
- Sleep habits
- Stress

Exercise Habits and History

- Frequency
- Duration
- Balance – yoga, core, cardio
- Ratio of cardio and resistance
- Recovery time
- Soreness between workouts
- Cramps
- Water intake

Sleep Habits and History

- Typical bedtime
- Usual wake-up time
- Average hours of sleep
- Quality of sleep
- Difficulties falling asleep
- Difficulties staying asleep
- Quality of sleep
- Sleep environment
- Awaken refreshed?

Stress Evaluation and Risk

- Daily stressors
- Major life events
- Physical limitations
- Family dynamics

Medications and Supplements

- Current – frequency, timing, duration, doses, brands, reason
- Noticeable benefits
- Side effects
- Recent past supplements
- Thorough past medication history



Environmental Influences

- Current exposures
- Past exposures
- What's in the garage
- Personal care products
- Home care products
- Occupational
- Known sensitivities

Dental Evaluation

- Fillings
- Root canals
- Bridges and crowns
- Habits
- Gingivitis

Past Health and Family History

- Illnesses
- Injuries
- Surgeries
- Hospitalizations
- Childhood health history and diet
- Prenatal care
- Trauma – emotional and physical
- Family history – past and present

Nutrient Evaluation Scorecards

- Vitamins
- Minerals
- Amino acids
- Fatty acids

Organ and Gland Scorecards

- Thyroid
- Adrenal
- Insulin
- Pituitary
- Sex Hormones
- Cardiovascular
- Digestion including leaky gut and candida
- Respiratory
- Genitourinary
- Neurotransmitters
- Detoxification

How “Ready and Willing” Are Clients to:

- Change diet
- Take supplements
- Keep records
- Modify lifestyle
- Practice relaxation techniques
- Exercise
- Have periodic lab tests to assess progress
- Confidence in ability to follow through
- Support circle
- How much support they need from you



History Taking Guidelines

As a nutrition coach and/or functional medicine practitioner, it's important to do a very thorough history. Remember, you are looking for root causes, and it's important to investigate all aspects of your client's life.

Of course there will be the very easy and obvious cases that walk through your doors. And I hope you get many, because the tough cases take a lot of time and effort.

The history taking consists of several parts

1. **The initial contact:** Sometimes this is a brief chat over the phone when someone calls because their friend referred them, and you ask a few questions to determine if it's a good fit.
2. **Pre-consultation forms:** While it's possible to take a good history in person on the phone, the process of gathering all the information you need can be very time consuming. I prefer to get a lot of the details, especially historical details involving dates, before the initial consultation.
3. **Initial consultation:** Interview questions
4. **Journals** of their daily activities and diet

The information you'll be gathering falls into the categories you'll find on the next page. You won't need all of these categories for every person that comes through the door, but it's good to be familiar enough with each piece that you can easily include the appropriate parts as needed.

With experience, you'll recognize the need for specific types of information.

I prefer to keep all of the pieces as separate, shorter forms, sometimes collected over time. I like to gather enough to at least get the person started on basic nutritional protocols, and then I have the client complete the more detailed assessments over time. With practice you'll discover what works best for you.



Components of a Thorough Client History:

- Demographics and General Information
- Health Goals
- History of Chief Complaints
- Review of Body Systems
- Medications
- Supplements
- Past Illness History
- Surgery
- Trauma
- Family History
- Nutrition and Lifestyle Questionnaire
- Stress Evaluation
- Environmental Influences Questionnaire
- Dental Evaluation
- Hormone Evaluation
 - Thyroid
 - Adrenal
 - Insulin
 - Pituitary
 - Sex Hormones
- Body Systems Evaluation Scorecards
 - Digestion (including leaky gut and candida)
 - Cardiovascular
 - Respiratory
 - Genitourinary
 - Neurotransmitters
 - Detoxification
- Nutrient Evaluations
 - Vitamins
 - Minerals
 - Amino Acids
 - Fatty Acids
- Patient Readiness Evaluation



Nutrient Balance Assessment Scorecard

Name: _____					
Point Scale: 0 = No, Never/Rarely or almost never 1 = Mild/Sometimes experiences/effects 2 = Moderate/Frequent experiences/effects 3 = Yes, Severe/Daily experiences/effects					
Section 1: Essential Fatty Acids					
Do you experience pain relief with aspirin?	0	1	2	3	
Do you crave fatty or greasy foods?	0	1	2	3	
Do you have a history of following a low or reduced-fat diet? <i>0 = never, 1 = years ago, 2 = within last year, 3 = within past 3 months</i>	0	1	2	3	
Do you experience tension headaches at the base of your skull?	0	1	2	3	
Do you get headaches when out in the hot sun?	0	1	2	3	
Do you sunburn easily or suffer sun poisoning?	0	1	2	3	
Do your muscles easily fatigue?	0	1	2	3	
Do you have dry, flaky skin?	0	1	2	3	
Do you ever experience "goose flesh/goose bumps"?	0	1	2	3	
Do you have ridged, cracked, and/or peeling nails?	0	1	2	3	
Do you have magnesium or vitamin B6 deficiencies that don't respond to supplements?	0				3
Do you have dandruff?	0	1	2	3	
Do you have areas of inflamed soft tissue?	0	1	2	3	
Do you have inflamed joints?	0	1	2	3	
Do you have cracks in your heels?	0	1	2	3	
Do you have red cuticles?	0	1	2	3	
Do you have acne?	0	1	2	3	
Do you have breast cysts?	0	1	2	3	
Do you suffer from diarrhea?	0	1	2	3	
Do you have dry hair?	0	1	2	3	
Do you have Eczema?	0	1	2	3	
Do you have excess ear wax?	0	1	2	3	
Do you have gall stones?	0	1	2	3	
Have you experienced hair loss?	0	1	2	3	
Do you suffer from any immune impairment?	0	1	2	3	
Do you have a history of liver degeneration? <i>0 = never, 1 = years ago, 2 = within last year, 3 = within past 3 months</i>	0	1	2	3	
Do you have a history of infertility?	0				3
Are you prone to poor wound healing?	0	1	2	3	
Are you prone to premenstrual syndrome? (males select "0")	0	1	2	3	
Do you have sores around your mouth?	0	1	2	3	
Do you have dry lips?	0	1	2	3	
Do you have split cuticles?	0	1	2	3	
Do you ever notice splitting nails?	0	1	2	3	
Total for Each Column (number of checkmarks x value)					
Total Essential Fatty Acids (Max 99)					



Section 2: Amino Acids	0	1	2	3
Do you have a history of ADHD? <i>0 = never, 1 = years ago, 2 = within last year, 3 = within past 3 months</i>	0	1	2	3
Do you ever experience depression?	0	1	2	3
Do you ever experience difficulty building muscle mass?	0	1	2	3
Do you ever experience an inability to concentrate?	0	1	2	3
Do you ever experience insomnia?	0	1	2	3
Do you ever experience a lack of motivation?	0	1	2	3
Do you struggle with any learning disabilities?	0	1	2	3
Do you ever experience mood swings?	0	1	2	3
Total for Each Column (number of checkmarks x value)				
Total Amino Acids (Max 24)				
Section 3: Vitamin A	0	1	2	3
Do you have poor night vision?	0	1	2	3
Do you have "chicken skin" on the backs of your arms?	0	1	2	3
Do you have acne?	0	1	2	3
Do you suffer from dry eyes?	0	1	2	3
Do you have food allergies?	0	1	2	3
Do you notice any loss of appetite?	0	1	2	3
Are you prone to infections and colds?	0	1	2	3
Have you noticed reduced hair growth?	0	1	2	3
Do you have a history of ulcers?	0	1	2	3
Have you experienced any hair loss?	0	1	2	3
Total for Each Column (number of checkmarks x value)				
Total Vitamin A (Max 30)				
Section 4: B Vitamins	0	1	2	3
Do you ever feel an afternoon slump in energy?	0	1	2	3
Do you have cold hands and feet?	0	1	2	3
Do you suffer from chronic fatigue?	0	1	2	3
Do you have issues trying to focus?	0	1	2	3
Do you have "geographic tongue" (discolored regions of taste buds)?	0	1	2	3
Are you prone to moodiness?	0	1	2	3
Do you experience poor digestion?	0	1	2	3
Do you have issues with splitting nails?	0	1	2	3
Are there vertical ridges on your nails?	0	1	2	3
Do you have flaky cuticles?	0	1	2	3
Is there splitting skin in the corners of your mouth?	0	1	2	3
Do you have thin hair?	0	1	2	3
Do you ever have tongue and/or mouth pain?	0	1	2	3
Have you experienced any hair loss?	0	1	2	3
Do you suffer from canker sores?	0	1	2	3
Total for Each Column (number of checkmarks x value)				
Total B Vitamins (Max 45)				



Section 5: Vitamin B1	0	1	2	3
Do you ever experience anxiety?	0	1	2	3
Do you ever experience depression?	0	1	2	3
Do you ever experience hysteria?	0	1	2	3
Have you noticed a loss of appetite?	0	1	2	3
Do you experience muscle cramps?	0	1	2	3
Total for Each Column (number of checkmarks x value)				
Total Vitamin B1 (Max 15)				
Section 6: Vitamin B2	0	1	2	3
Do you have cracks and sores around your mouth and nose?	0	1	2	3
Do you ever have visual problems?	0	1	2	3
Do you suffer from low energy?	0	1	2	3
Do your eyes tire easily and/or are they sensitive to light?	0	1	2	3
Do you ever have sore lips?	0	1	2	3
Do you have a sensitive tongue?	0	1	2	3
Do you suffer from insomnia?	0	1	2	3
Do you ever experience trembling?	0	1	2	3
Do you have itching around your eyes, ears, mouth, scrotum, forehead, and/or scalp?	0	1	2	3
Do you have blood sugar imbalances?	0	1	2	3
Total for Each Column (number of checkmarks x value)				
Total Vitamin B2 (Max 30)				
Section 7: Vitamin B3 (Niacin)	0	1	2	3
Do you have bad breath?	0	1	2	3
Do you ever have canker sores?	0	1	2	3
Do you ever experience confusion?	0	1	2	3
Do you ever experience depression?	0	1	2	3
Do you ever experience dermatitis?	0	1	2	3
Do you ever experience diarrhea?	0	1	2	3
Do you ever experience emotional instability?	0	1	2	3
Do you ever experience fatigue?	0	1	2	3
Do you ever experience irritability?	0	1	2	3
Do you ever experience loss of appetite?	0	1	2	3
Do you ever experience memory impairment?	0	1	2	3
Do you ever experience muscle weakness?	0	1	2	3
Do you ever experience nausea?	0	1	2	3
Do you ever experience skin eruptions and inflammation?	0	1	2	3
Do you ever experience puffy gums?	0	1	2	3
Total for Each Column (number of checkmarks x value)				
Total Vitamin B3 (Max 45)				
Section 8: Vitamin B5 (Pantothenic Acid)	0	1	2	3
Do you ever experience abdominal pains?	0	1	2	3
Do you ever experience burning feet?	0	1	2	3
Do you ever experience gas or constipation?	0	1	2	3
Do you ever experience depression?	0	1	2	3
Do you ever experience Eczema?	0	1	2	3
Do you ever experience fatigue?	0	1	2	3



Section 8: Vitamin B5 (Pantothenic Acid) - continued	0	1	2	3
Have you noticed any hair loss?	0	1	2	3
Do you suffer from any immune impairment?	0	1	2	3
Do you ever experience insomnia?	0	1	2	3
Do you ever experience irritability?	0	1	2	3
Do you have low blood pressure?	0	1	2	3
Do you ever have muscle spasms?	0	1	2	3
Do you ever experience nausea?	0	1	2	3
Do you have seasonal allergies?	0	1	2	3
Do you ever experience "beefy tongue" (reddish lesions outlined in yellow)?	0	1	2	3
Total for Each Column (number of checkmarks x value)				
Total Vitamin B5 (Max 45)				
Section 9: Vitamin B6	0	1	2	3
Do you have a history of anemia? <i>0 = never, 1 = years ago, 2 = within last year, 3 = within past 3 months</i>	0	1	2	3
Do you have a history of breast cysts? <i>0 = never, 1 = years ago, 2 = within last year, 3 = within past 3 months</i>	0	1	2	3
Do you have a history of carpal tunnel syndrome? <i>0 = never, 1 = years ago, 2 = within last year, 3 = within past 3 months</i>	0	1	2	3
Do you ever experience convulsions?	0	1	2	3
Do you have dandruff?	0	1	2	3
Do you have excess ear wax?	0	1	2	3
Do you ever experience irritability?	0	1	2	3
Do you have patches of itchy, scaling skin?	0	1	2	3
Do you ever experience PMS? (males select "0")	0	1	2	3
Do you ever experience poor dream recall?	0	1	2	3
Do you have stiff fingers in the morning?	0	1	2	3
Do you have water retention in the morning?	0	1	2	3
Do you ever experience "scalloped tongue" (swollen tongue with impression of surrounding teeth of the lower jaw)?	0	1	2	3
Do you have tooth decay?	0	1	2	3
Do you have breaking nails?	0	1	2	3
Do you have an essential fatty acid deficiency that doesn't respond to taking fats?	0	1	2	3
Do you have a magnesium deficiency that doesn't respond to taking magnesium?	0	1	2	3
Total for Each Column (number of checkmarks x value)				
Total Vitamin B6 (Max 51)				
Section 10: Vitamin B7 (Biotin)	0	1	2	3
Do you have dermatitis?	0	1	2	3
Do you have any eye inflammation?	0	1	2	3
Have you experienced any hair loss?	0	1	2	3
Do you ever experience insomnia?	0	1	2	3
Do you ever experience a loss of muscle control?	0	1	2	3
Do you ever experience dry lips?	0	1	2	3
Do you ever experience breaking nails?	0	1	2	3
Total for Each Column (number of checkmarks x value)				
Total Vitamin B7 (Max 21)				



Section 11: Vitamin B9 (Folate)	0	1	2	3
Do you ever experience anemia?	0	1	2	3
Do you ever experience apathy?	0	1	2	3
Do you ever experience diarrhea?	0	1	2	3
Do you ever experience fatigue?	0	1	2	3
Do you ever experience gastrointestinal upsets?	0	1	2	3
Do you ever experience headaches?	0	1	2	3
Have you ever been told you have impaired cell division?	0			3
Do you ever experience insomnia?	0	1	2	3
Do you ever experience loss of appetite?	0	1	2	3
Have you ever been told you had neural tube defects as a fetus?	0			3
Do you ever experience paranoia?	0	1	2	3
Do you ever experience shortness of breath?	0	1	2	3
Do you ever experience weakness?	0	1	2	3
Do you ever experience puffy gums?	0	1	2	3
Do you ever experience your tongue being sore/tender?	0	1	2	3
Do you ever experience canker sores?	0	1	2	3
Do you have "geographic tongue" (discolored regions of taste buds or sometimes even cracks in the surface of the tongue)?	0	1	2	3

Total for Each Column (number of checkmarks x value)**Total Vitamin B9 (Max 51)**

Section 12: Vitamin B12	0	1	2	3
Do you ever experience your tongue being sore/tender?	0	1	2	3
Do you have "geographic tongue" (discolored regions of taste buds or sometimes even cracks in the surface of the tongue)?	0	1	2	3
Do you have pale skin?	0	1	2	3
Do you ever experience shortness of breath?	0	1	2	3
Do you ever experience fatigue?	0	1	2	3
Do you ever experience dizziness?	0	1	2	3
Do you ever experience headaches?	0	1	2	3
Do you ever experience cold hands and feet?	0	1	2	3
Do you ever experience heart palpitations?	0	1	2	3
Do you ever experience chest pain?	0	1	2	3
Do you ever experience nausea?	0	1	2	3
Do you ever experience vomiting?	0	1	2	3
Do you ever experience heartburn?	0	1	2	3
Do you ever experience abdominal gas?	0	1	2	3
Do you ever experience constipation?	0	1	2	3
Do you ever experience diarrhea?	0	1	2	3
Do you ever experience loss of appetite?	0	1	2	3
Do you ever experience weight loss without trying to lose weight?	0	1	2	3



Section 12: Vitamin B12 - continued	0	1	2	3
Do you ever experience numbness and tingling in the hands and feet?	0	1	2	3
Do you ever experience unsteadiness?	0	1	2	3
Do you ever experience difficulty walking?	0	1	2	3
Do you ever experience confusion?	0	1	2	3
Do you ever experience depression?	0	1	2	3
Do you ever experience hallucinations?	0	1	2	3
Do you ever experience memory loss?	0	1	2	3
Are there vertical ridges on your nails?	0	1	2	3
Do you ever experience bloating?	0	1	2	3
Total for Each Column (number of checkmarks x value)				
Total Vitamin B12 (Max 81)				
Section 13: Vitamin C	0	1	2	3
Do you bruise easily?	0	1	2	3
Do you ever experience hemorrhoids?	0	1	2	3
Do you have a history of joint injuries? <i>0 = never, 1 = years ago, 2 = within last year, 3 = within past 3 months</i>	0	1	2	3
Do you ever experience muscle weakness? <i>0 = never, 1 = years ago, 2 = within last year, 3 = within past 3 months</i>	0	1	2	3
Do you ever experience puffy, bleeding, and/or red gums?	0	1	2	3
Do you have varicose veins?	0	1	2	3
Do you have issues with a weakened immune system?	0	1	2	3
Do you ever experience raw and/or bleeding mucus membranes?	0	1	2	3
Do you ever experience spongy and bleeding gums?	0	1	2	3
Do you have varicose veins?	0	1	2	3
Total for Each Column (number of checkmarks x value)				
Total Vitamin C (Max 30)				
Section 14: Vitamin D	0	1	2	3
Do you experience muscle pain?	0	1	2	3
Do you have osteoporosis or osteopenia?	0	1	2	3
How often have you fractured bone?	0	1	2	3
Do you experience depression?	0	1	2	3
Do you experience mood swings?	0	1	2	3
Do you experience sleep disturbances?	0	1	2	3
Do you experience irritable bowel?	0	1	2	3
Do you catch colds or flus easily?	0	1	2	3
Have you been told you have leaky gut?	0			3
Have you been told you have an autoimmune condition?	0			3
Total for Each Column (number of checkmarks x value)				
Total Vitamin D (Max 30)				



Section 15: Vitamin E	0	1	2	3
Do you experience mild anemia?	0	1	2	3
Do you have age spots?	0	1	2	3
Do you have cataracts?	0	1	2	3
Do you experience decreased sex drive?	0	1	2	3
Do you experience infertility?	0	1	2	3
Do you experience numbness or tingling of your extremities, or other neurologic disturbances?	0	1	2	3
Do you have LDL cholesterol?	0	1	2	3
Have you noticed a decline in memory?	0	1	2	3
Total for Each Column (number of checkmarks x value)				
Total Vitamin E (Max 24)				
Section 16: Vitamin K	0	1	2	3
Do you experience blood clotting problems?	0	1	2	3
Do you bruise and or bleed easily?	0	1	2	3
Do you have osteoporosis or osteopenia?	0	1	2	3
Total for Each Column (number of checkmarks x value)				
Total Vitamin K (Max 9)				
Section 17: Calcium	0	1	2	3
Do you ever experience anxiety?	0	1	2	3
Do you have brittle nails?	0	1	2	3
Do you ever experience cramps?	0	1	2	3
Do you ever experience delusions?	0	1	2	3
Do you ever experience depression?	0	1	2	3
Do you ever experience insomnia?	0	1	2	3
Do you ever experience irritability?	0	1	2	3
Do you ever experience nervousness?	0	1	2	3
Do you have a history of Osteoporosis? <i>0 = never, 1 = years ago, 2 = within last year, 3 = within past 3 months</i>	0	1	2	3
Do you ever experience palpitations?	0	1	2	3
Do you have Periodontal Disease?	0	1	2	3
Do you have Rickets?	0	1	2	3
Do you ever experience a tendency towards headaches?	0	1	2	3
Do you have any tooth decay?	0	1	2	3
Do you ever experience twitches?	0	1	2	3
Total for Each Column (number of checkmarks x value)				
Total Calcium (Max 45)				
Section 18: Chromium	0	1	2	3
Do you have adult-onset diabetes?	0			3
Do you have insulin resistance?	0			3
Do you ever experience anxiety?	0	1	2	3
Do you ever experience fatigue?	0	1	2	3
Do you ever experience irritability or moodiness if a meal is skipped?	0	1	2	3
Do you ever experience hunger shortly after eating?	0	1	2	3



Section 18: Chromium - continued	0	1	2	3
Do you ever experience cravings for sweets?	0	1	2	3
Do you ever experience sudden decreases in energy levels?	0	1	2	3
Do you ever experience sudden and abrupt rises in anxiety?	0	1	2	3
Do you ever experience mood swings?	0	1	2	3
Do you ever experience slow healing after injuries or surgery?	0	1	2	3
Do you have high cholesterol?	0	1	2	3
Do you have high blood pressure?	0	1	2	3
Do you have blood sugar fluctuations?	0	1	2	3
Total for Each Column (number of checkmarks x value)				
Total Chromium (Max 42)				
Section 19: Copper	0	1	2	3
Do you ever experience anemia?	0	1	2	3
Do you ever experience depression?	0	1	2	3
Do you ever experience diarrhea?	0	1	2	3
Do you ever experience fatigue?	0	1	2	3
Are your bones fragile?	0	1	2	3
Have you ever experienced hair loss?	0	1	2	3
Do you have hyperthyroidism?	0			3
Do you ever experience weakness?	0	1	2	3
Total for Each Column (number of checkmarks x value)				
Total Copper (Max 24)				
Section 20: Iodine	0	1	2	3
Were you born with Cretinism (decreased/no thyroid hormone production in a newborn)?	0	1	2	3
Do you ever experience fatigue?	0	1	2	3
Do you have unwanted weight gain?	0	1	2	3
Do you have Hypothyroidism?	0			3
Do you have a history of exposure to radiation?	0	1	2	3
Do you drink tap water?	0	1	2	3
Total for Each Column (number of checkmarks x value)				
Total Iodine (Max 18)				
Section 21: Iron	0	1	2	3
Do you ever experience anemia?	0	1	2	3
Do you have brittle nails?	0	1	2	3
Do you ever experience confusion?	0	1	2	3
Do you ever experience constipation?	0	1	2	3
Do you ever experience depression?	0	1	2	3
Do you ever experience dizziness?	0	1	2	3
Do you ever experience fatigue?	0	1	2	3
Do you ever experience headaches?	0	1	2	3
Do you ever experience having an inflamed tongue?	0	1	2	3
Do you have any mouth lesions?	0	1	2	3
Do you ever experience spooning nails (when the nail curves upwards)?	0	1	2	3
Do you ever experience having pale, blue nails?	0	1	2	3



Total for Each Column (number of checkmarks x value)				
Total Iron (Max 36)				
Section 22: Magnesium	0	1	2	3
Do you ever experience anxiety?	0	1	2	3
Do you have breast cysts?	0	1	2	3
Do you ever experience confusion?	0	1	2	3
Do you ever experience constipation?	0	1	2	3
Do you ever experience chronic stress?	0	1	2	3
Do you ever experience cramps?	0	1	2	3
Do you ever experience dandruff?	0	1	2	3
Do you ever experience depression?	0	1	2	3
Do you ever experience excess ear wax?	0	1	2	3
Have you ever had a heart attack?	0			3
Do you ever experience Hyperactivity?	0	1	2	3
Do you ever experience insomnia?	0	1	2	3
Do you ever experience irregular heartbeats?	0	1	2	3
Do you ever experience irritability?	0	1	2	3
Do you have a history of Irritable Bowel Syndrome? <i>0 = never, 1 = years ago, 2 = within last year, 3 = within past 3 months</i>	0	1	2	3
Do you ever experience muscle weakness and nausea?	0	1	2	3
Do you ever experience nervousness?	0	1	2	3
Do you ever experience noise sensitivity?	0	1	2	3
Do you ever experience PMS? (males select "0")	0	1	2	3
Do you ever experience restlessness?	0	1	2	3
Do you ever experience spasms?	0	1	2	3
Do you ever experience twitching?	0	1	2	3
Do you ever experience sores around your mouth?	0	1	2	3
Do you ever experience breaking nails?	0	1	2	3
Total for Each Column (number of checkmarks x value)				
Total Magnesium (Max 72)				
Section 23: Manganese	0	1	2	3
Do you have Atherosclerosis?	0			3
Do you ever experience dizziness?	0	1	2	3
Do you have elevated cholesterol levels?	0			3
Do you have sugar intolerance?	0	1	2	3
Do you suffer from hearing loss?	0	1	2	3
Do you ever experience loss of muscle control?	0	1	2	3
Do you ever experience ringing in your ears?	0	1	2	3
Total for Each Column (number of checkmarks x value)				
Total Manganese (Max 21)				



Section 24: Phosphorus	0	1	2	3
Do you have a history of Anorexia? <i>0 = never, 1 = years ago, 2 = within last year, 3 = within past 3 months</i>	0	1	2	3
Do you ever experience bone pain?	0	1	2	3
Do you ever experience weakness?	0	1	2	3
Total for Each Column (number of checkmarks x value)				
Total Phosphorus (Max 9)				
Section 25: Potassium	0	1	2	3
Do you have a history of Anorexia? <i>0 = never, 1 = years ago, 2 = within last year, 3 = within past 3 months</i>	0	1	2	3
Do you ever experience irritability?	0	1	2	3
Do you ever experience muscle cramps?	0	1	2	3
Do you ever experience muscle weakness?	0	1	2	3
Do you ever experience nausea?	0	1	2	3
Total for Each Column (number of checkmarks x value)				
Total Potassium (Max 15)				
Section 26: Zinc	0	1	2	3
Do you ever experience acne?	0	1	2	3
Do you ever experience a decreased sense of taste?	0	1	2	3
Do you form scars easily?	0	1	2	3
Do you have a history of Crohn's disease? <i>0 = never, 1 = years ago, 2 = within last year, 3 = within past 3 months</i>	0	1	2	3
Are you prone to an over consumption of sweets?	0	1	2	3
Do you ever experience a poor perception of sweet taste?	0	1	2	3
Do you ever experience rashes?	0	1	2	3
Did you experience retarded growth and delayed sexual development as a child?	0			3
Are you prone to slow wound healing?	0	1	2	3
Are you prone to having smelly feet?	0	1	2	3
Do you have a tendency towards infections?	0	1	2	3
Do you have white spots on your fingernails?	0	1	2	3
Do you ever experience puffy gums?	0	1	2	3
Do you ever experience cracked finger tips?	0	1	2	3
Total for Each Column (number of checkmarks x value)				
Total Zinc (Max 42)				



Nutrient Balance Assessment Scorecard

Percent score is calculated by dividing your score by the max score and multiplying by 100. Look up the % score in the chart below to determine priority.

Nutrient	Max Score	Your Score	Your % Score	Priority:
Essential Fatty Acids	99			1=low (green) 2=medium (blue) 3=high (yellow) 4=very high (red)
Amino Acids	24			
Vitamin A	30			
B Vitamins	45			
Vitamin B1	15			
Vitamin B2	30			
Vitamin B3 (Niacin)	45			
Vitamin B5 (Pantothenic Acid)	45			
Vitamin B6	51			
Vitamin B7 (Biotin)	21			
Vitamin B9 (Folate)	51			
Vitamin B12	81			
Vitamin C	30			
Vitamin D	30			
Vitamin E	24			
Vitamin K	9			
Calcium	45			
Chromium	42			
Copper	24			
Iodine	18			
Iron	36			
Magnesium	72			
Manganese	21			
Phosphorus	9			
Potassium	15			
Zinc	42			

Score Interpretation:

- 0-10%:** Overall good balance. Sound nutrition and healthy habits will maintain good balance.
- 11-25%:** In need of a tune up to restore balance before serious illness sets in. Diet and lifestyle improvements should shift to normal.
- 26-50%:** Your nutrient balance is compromised and likely to significantly affect your state of health, well-being, and energy level.
- 51-100%:** Your nutrient balance is severely compromised and requires immediate attention. Take steps now to restore balance to your health, well-being, and energy level.

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7 Pillars Scorecard Assessment

Pillar 1: Stress					
Use the descriptions to choose the appropriate score. Calculate your results as go.					
Stress Part 1		0	1	2	3
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	3
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	3
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	3
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.

Stress 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.

Stress 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



Stress 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.



Pillar 2: Attitudes and Beliefs		
Attitudes and Belief	YES	NO
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.



Pillar 3: Sleep				
Sleep Part 1	0	1	2	3
On average, how many hours do you sleep each night? (0 = 8 or more, 1 = Between 7 and 8, 2 = Between 5 and 7, 3 = Less than 5)				
What time do you usually go to bed? (Recommended: Bedtime before 10pm) (0 = Before 10pm, 1 = Between 10 and 11pm, 2 = Between 11pm and 12am, 3 = After midnight)				
How easily do you fall asleep? 0 = Very easy: As soon as my head hits the pillow, 1 = Easy: Usually within about 10-15 minutes, 2 = Moderate: Usually within 30-45 minutes, 3 = Difficult: Takes more than 1 hour				
How often do you wake up at night? 0 = Never, 1 = Once per night, 2 = Twice per night, 3 = Never				
What's the 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)				
How do you feel when you wake up in the morning? 0 = Fantastic! I jump up without the alarm, eager to face the day, 1 = Good to go, after hitting the snooze button once or so, 2 = Kind of groggy, still tired, and needing more sleep, 3 = Like I want to go into hibernation for a week				
How often do you vividly remember your dreams? 0 = Every night or most of the time, 1 = A few times per week, 2 = A few times per month, 3 = Rarely or never				
How many naps do you need to take throughout the day? 0 = None, 1 = One nap, 2 = Two naps, 3 = Three or more naps				
On average, how would you rate the overall 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 27)				
Sleep Part 2	NO	YES		
Do you have an established evening routine/set of habits?	3	0		
Do you sleep in a darkened room?	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 within an hour 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 27)				
GRAND TOTAL for Sleep (Subtotal Parts 1 – 2) (Max 54)				

Score Interpretation:

- 0-9:** Congratulations! You have excellent sleep habits, and your health is unlikely to be negatively influenced by lack of quality sleep.
- 10-18:** 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.
- 19-28:** 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.
- 29-54:** 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.



Pillar 4: Nutrition Section 1 - Diet Obstacles				
Diet Section #1 Point Scale	0	1	2	3
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				



Pillar 4: Nutrition Section 1 - Diet Obstacles				
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.



Pillar 4: Nutrition Section 2 – Positive Diet Habits				
Diet Section #2 Point Scale	2 = Consume on a weekly basis 3 = Consume daily or almost every day			
0 = Rarely or ever consume 1 = Consume 2 to 3 times a month	0	1	2	3
Positive Diet Habits				
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.



Pillar 5: Fitness				
Fitness	0	1	2	3
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	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.



Pillar 6: 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



Pillar 6: 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.



Pillar 7: Fun					
Which most closely applies to you?	0	1	2	3	4
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.	0	1	2	3	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	4
Fun activities: a hobby, gardening for fun, arts and crafts, listening to music, etc.	0	1	2	3	4
Exercise: hiking, running, walking, yoga, going to gym, swimming, cycling, etc.	0	1	2	3	4
Games: playing group sports, playing board games, card games, puzzles, etc.	0	1	2	3	4
Connecting: calling friends or family members, going out with friends, connecting with individuals on social media, etc.	0	1	2	3	4
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	3	4
Self-improvement: read or listen to personal development	0	1	2	3	4
Spiritual: out in nature, meet with people from your belief group, meditate, etc.	0	1	2	3	4
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	4
Distractions: eat, watch TV, play video games, etc.	0	1	2	3	4
Chores: laundry, cleaning, organizing, yard work, etc.	0	1	2	3	4
Total for Each Column (number of checkmarks x value)					
GRAND TOTAL for Fun (Max 48)					

Score Interpretation:

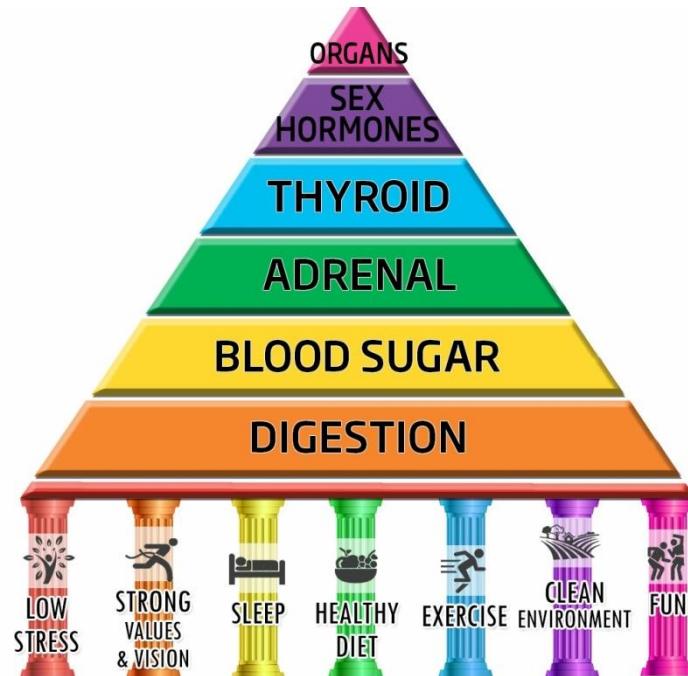
- > 40:** You are doing a great job of having fun!
- 31-40:** You need to add more fun to your life. Take time every day for 20-30 minutes and once a week for a couple of hours.
- 21-30:** Your fun quota is sinking fast. Add more fun to your daily life. You have a little fun in your life now, but not 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.



7 Pillars Assessment 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	Priority:
Pillar 1: Stress	1556		1 = low (green) 2 = medium (blue) 3 = high (yellow) 4 = very high (red)
Pillar 2: Attitude and Beliefs	66		
Pillar 3: Sleep	51		
Pillar 4: Nutrition Part 1 - Negative Habits	126		
Pillar 4: Nutrition Part 2 - Positive Habits	66		
Pillar 5: Fitness	21		
Pillar 6: Environment	249		
Pillar 7: Fun	48		



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Ready and Willing Assessment

Ready and Willing					
Name	Date				
In order to improve your health, how willing are you to: 1 (not willing) to 5 (very willing).	1	2	3	4	5
Significantly modify your diet					
Try new foods you've never eat before					
Take one or more nutritional supplements every day					
Keep a record of everything you eat every day					
Modify your sleep schedule					
Modify your work schedule					
Practice relaxation techniques					
Exercise regularly					
Have periodic lab tests done to assess progress					
How confident are you of your ability to organize and follow through on the above health related activities? 1 (not confident at all) to 5 (very confident)					
How supportive do you think the people in your household will be to your implementing the above changes? 1 (not supportive at all) to 5 (very supportive)					
How much ongoing support and contact (e.g. telephone consults, e-mail correspondence) do you feel you need as you implement your personal health program? 1 (very infrequent contact) to 5 (very frequent contact)					
Total for Each Column (number of checkmarks x value)					
Grand Total /60					

If you are not confident of your ability to make these changes, what do you believe is getting in the way? What aspects of yourself or your life lead you to question your ability to fully engage in the above activities?



Nutritionally Oriented Physical Exam Interpretation Guide

Adrenal (Calculate score based on the column headings)				
Highlight or circle your positive finding	0	1	2	3
• Blood pressure upon standing	Incr: 10	Same	Decr <= 10	Decr >10
• Pupil constriction with bright light	20 sec	10-20 sec	<10 Sec	<5 sec
• Rib margin tenderness	Absent	Mild	Moderate	Severe
• Brown discoloration below eyelids	Absent	Mild	Moderate	Severe
• Black discoloration below eyelids	Absent	Mild'	Moderate	Severe
• Dark gray or reddish back of tongue	Absent	Mild	Moderate	Severe
• Ulcerations or canker sores	Absent	Mild	Moderate	Severe
• Bad breath	Absent	Mild	Moderate	Severe
• Rough, red, flaky cuticles	Absent	Mild	Moderate	Severe
• Tongue signs: <i>Distinguishing Marks</i> diagram (at end of document)- deep seated fear/anxiety	Absent	Present		
• Tongue signs: <i>Distinguishing Marks</i> diagram signs - emotions along spinal column	Absent	Present		
Total Adrenal				
Digestion – Liver and Gallbladder				
<ul style="list-style-type: none">• Yellow discoloration below bottom eyelids• Yellow/brown sclera• Red sclera• Green sclera• Facial color: yellow• Creases between eyes• Bulbous nose• Tongue irritation/redness• Splitting cuticles• Excessive vertical ridges on nails• Clubbing (nails grow downward, end of finger noticeably enlarges, nails break in odd ways)• Grey ring around the cornea				



Digestion – Low Stomach Acid

- Painful dentures
- Acne
- Dandruff
- Splitting, breaking nails

Digestion – General

- Red sclera
- Gray sclera
- Ulcerations or canker sores
- Bad breath
- Urine-like breath smells
- Red and inflamed lips
- Crack between chin and lips
- Tongue irritation/redness
- Red tongue tip
- Chronic coating and/or “furry” tongue
- Scalloped edges and teeth marks on tongue
- A “cottage cheese” growth or coating
- Excessive vertical ridges on nails
- Pitting of nails
- Deep horizontal ridges (Beau’s lines) on nails
- Yellowish, bulging, bending, breaking nails
- Yellow nails
- Black spots on nails
- Hemorrhoids
- Tongue signs: *Distinguishing Marks* diagram - unabsorbed nutrients
- Tongue signs: *Distinguishing Marks* diagram - toxins in colon
- Tongue signs: *Distinguishing Marks* diagram - toxins in GI tract
- Tongue signs: *Distinguishing Marks* diagram - sensitive colon
- Tongue signs: *Distinguishing Marks* diagram - chronic vata - derangement in colon

Cardiovascular System

- Clear with bluish tint sclera
- Facial color: red
- Facial color: bluish
- Ear lobe creases
- Tongue irritation/redness
- Large moons on little fingers (plus ear lobe creases and/or reddish tip of tongue)



Cardiovascular System - continued

- Short wide nails or fingertips
- Horizontal ridges on nails
- Short wide nails or fingertips
- Clear with bluish tint sclera
- Cold hands
- Salty taste
- White ring around the iris
- Grey ring around the cornea
- Tongue signs: *Distinguishing Marks* diagram – delicate heart
- Blood pressure while seated is high

Kidney and Bladder

- Brown discoloration below bottom eyelids
- Puffy bags under eyes
- Facial color: brown
- Tongue irritation/redness
- Dark gray or reddish back of tongue
- Clubbing (nails grow downward, end of finger noticeably enlarges, nails break in odd ways)
- Thumb nail has ridges
- Tongue: *Distinguishing Marks* diagram - kidney disorder

Immune System

- Red sclera
- Pasty, off white sclera
- Ulcerations or canker sores
- Bitter taste
- Bad breath
- Putrid breath smells
- Bulbous nose
- Chronic coating and/or “furry” tongue
- Scalloped edges and teeth marks on tongue
- Geographic tongue (lines like a map)
- A “cottage cheese” growth or coating
- Excessively shiny or smooth tongue
- Splitting cuticles
- Pitting of nails
- Deep horizontal ridges (Beau’s lines) on nails
- Yellowish, bulging, bending, breaking nails



Respiratory System

- Facial color: ashen gray
- Red cheeks
- Tongue irritation/redness
- Deep horizontal ridges (Beau's lines) on nails
- Clubbing (nails grow downward, end of finger noticeably enlarges, nails break in odd ways)
- Vertical ridges on other finger nails besides the thumb
- Vertical ridges on nails that are split
- Tongue signs: *Distinguishing Marks* diagram – delicate lungs
- Tongue signs: *Distinguishing Marks* diagram – bronchitis
- Tongue signs: *Distinguishing Marks* diagram – pneumonitis

Skeletal System

- Thumb has appearance of beads on a string

Eyes/Vision Issues

- Gray pupil
- Green pupil

Anemia

- Spooning of nails
- Clear with bluish tint sclera

Detoxification Stress/Toxicity

- Metallic taste
- Bulbous nose
- Hair loss
- Spooning of nails
- White ring around the iris

Blood Sugar Dysregulation

- Acetone-like breath smells
- Excessively shiny or smooth tongue
- Skin tags
- Wounds that take a long time to heal
- Waist/hip ratio: **males** - if ratio is >1 , select score of "1" (otherwise "0")
- Waist/hip ratio: **females**: if ratio is $>.8$, select score of "1" (otherwise "0")



Thyroid Low (Hypo)

- Scalloped edges and teeth marks on tongue
- Cold hands
- “Goose flesh” at the backs of arms or thighs

Thyroid Excess (Hyper)

- Eyes “bug-out”
- Scalloped edges and teeth marks on tongue

Female - Hormones (Pre-Menopause)

- Lines around mouth

General Brain Function

- Grey ring around the cornea

Vitamin & Mineral Needs

- Metallic taste
- Excessive salivation
- Bleeding gums
- Very thin parallel lines on nails
- Horizontal ridges on nails

Essential Fatty Acid Needs

- Lines around mouth
- Mouth cracks, fissures, and scales, especially at corners
- Dry flaking lips
- Acne
- Red tongue tip
- Dry hair
- Hair loss
- Dandruff
- Excess ear wax
- Splitting cuticles
- Splitting, breaking nails
- Dry skin
- “Goose flesh” at the backs of arms or thighs
- Wounds that take a long time to heal
- Hemorrhoids



Amino Acid Needs

- Ulcerations or canker sores
- White spots on nails
- Painful dentures
- Urine-like breath smells
- Painful dentures (glutamine)

Vitamin A

- Gums, puffy/bleeding
- Lines around mouth
- Hair loss
- Dry skin
- “Goose flesh” at the backs of arms or thighs
- Wounds that take a long time to heal
- Hemorrhoids

B Vitamins

- Ulcerations or canker sores
- Lines around mouth
- Mouth cracks, fissures, and scales, especially at corners
- Painful dentures
- Red and inflamed lips
- Geographic tongue (lines like a map)
- Hair loss
- Dandruff
- Rough, red, flaky cuticles
- Excessive vertical ridges on nails

Vitamin B2 - Riboflavin

- Mouth cracks, fissures, and scales, especially at corners

Vitamin B3 - Niacin

- Gums, puffy/bleeding

Vitamin B5 - Pantothenic acid

- Mouth cracks, fissures, and scales, especially at corners
- Beefy or enlarged tongue
- Premature graying
- Hair loss



Vitamin B6 - Pyridoxine

- Mouth cracks, fissures, and scales, especially at corners
- Tooth decay
- Hair loss
- Dandruff
- Splitting, breaking nails

Vitamin B7 - Biotin

- Dry flaking lips
- Splitting, breaking nails

Vitamin B9 - Folic Acid

- Gums, puffy/bleeding
- Ulcerations or canker sores
- Mouth cracks, fissures, and scales, especially at corners
- Tender to touch or sore
- Geographic tongue (lines like a map)
- Excessively shiny or smooth tongue
- Hair loss

Vitamin B12 - Cobalamin

- Tender to touch or sore
- Excessively shiny or smooth tongue
- Purplish tongue
- Excessive vertical ridges on nails

Vitamin C

- Gums, puffy/bleeding
- Bleeding gums
- Bruising – slow to heal or excessive
- Wounds that take a long time to heal

Bioflavonoids

- Bruising – slow to heal or excessive
- Gums, puffy/bleeding
- Bleeding gums
- Hemorrhoids

Vitamin D

- Geographic tongue (lines like a map)



Vitamin E

- Lines around mouth
- Dry skin
- “Goose flesh” at the backs of arms or thighs
- Bruising – slow to heal or excessive
- Hemorrhoids

Vitamin K

- Bruising – slow to heal or excessive

Boron

- Tooth decay

Calcium

- Tooth decay
- White ring around the iris

Chromium

- Skin tags

Copper

- Loss of tastes, especially sweet

Iron

- Pale gums
- Facial color: copper
- Tender to touch or sore
- Excessively shiny or smooth tongue
- Pale or bluish nails
- Spooning of nails

Magnesium

- Mouth cracks, fissures, and scales, especially at corners
- Splitting, breaking nails

Selenium

- Loss of tastes, especially sweets
- Dandruff
- Pitting of nails

Silica

- Tooth decay



Zinc

- Gums, puffy/bleeding
- Loss of tastes, especially sweets
- Acne
- Geographic tongue (lines like a map)
- White spots on nails
- Cracked skin at tips of fingers
- “Goose flesh” at the backs of arms or thighs
- Wounds that take a long time to heal

Strength of Constitution

- Long earlobes
- Large nail moon(s)

Dietary Risks

- Splitting cuticles (bad oils)
- Red tongue tip (bad oils, overeating, lack of fiber, dehydration)
- Acne (bad oils)
- Hemorrhoids (lack of fiber, dehydration)
- Salty taste in mouth (excess salt)
- Bad breath (overeating)

Drug Reactions

- Black or hairy-looking tongue
- Metallic taste

Lack of Exercise

- Hemorrhoids

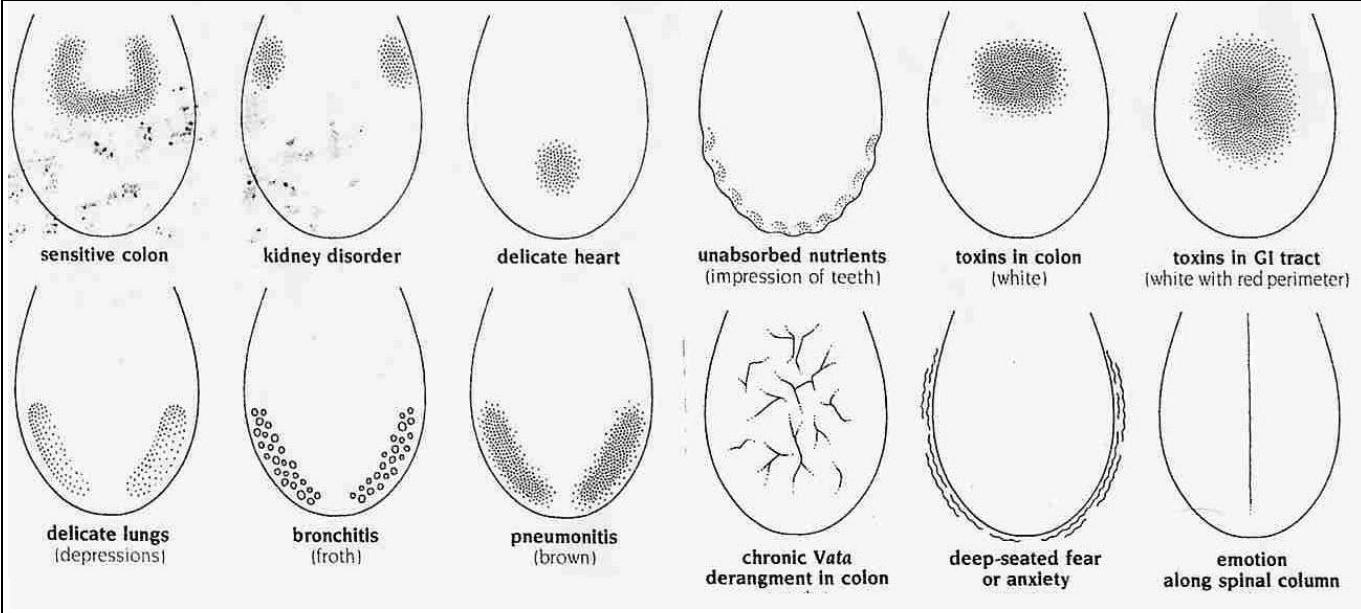
Trauma

- White spots on nails
- Deep horizontal ridges (Beau's lines) on nails
- Salty taste



Tongue - Distinguishing Marks:

image source: <http://www.drritamarie.com/go/TongueDiagrams>





Lab Resource List

For Licensed Practitioners:

If you are a licensed practitioner, you can set up an account with any of the following labs to run functional lab tests.

- **DiagnosTechs:** Adrenal Stress Index saliva panels, male, female premenopausal cyclic, post-menopausal; my favorite lab for Adrenal Testing. My preference is to use a panel that includes 4 cortisols (or 6 for people with sleep problems), 2 DHEAs, usually averaged, Secretory IgA and progesterone. <http://www.diagnostechs.com>
- **Genova/Metametrix:** 24-hour Comprehensive Urine Steroid panel, saliva, digestive tests, amino acids, organic acids, heavy metals, minerals testing, allergy testing and more. <http://www.gdx.net>
- **Meridian Valley Lab:** 24-hour Comprehensive Urine Steroid panel, saliva hormone panels, allergy testing. <http://meridianvalleylab.com>
- **BioHealth:** They have adrenal and other steroid hormone saliva tests. I usually use their stool test for microbes as I find it to be the most reliable for H. pylori. <http://biohealthlab.com>
- **Doctor's Data:** Offer hair, stool and urine, heavy metals, amino acid panels, and more. <http://www.doctorsdata.com>
- **Cyrex:** Cyrex is a Clinical Immunology Laboratory Specializing in Functional Immunology and Autoimmunity. Cyrex offers multi-tissue antibody testing for the early detection and monitoring of complex autoimmune conditions. <https://www.cyrexlabs.com/>
- **ALCAT:** The Alcat Test is a lab based immune stimulation test in which a patient's WBC's are challenged with various substances including foods, additives, colorings, chemicals, medicinal herbs, functional foods, molds, and pharmaceutical compounds. The patient's unique set of responses help to identify substances that may trigger potentially harmful immune system reactions. <https://www.alcat.com/>



For Unlicensed Practitioners:

If you are not licensed, you can order tests through the following:

- **Dr Ritamarie's Website:** If you are a member of a coaching program, you have access to this page via the membership portal. This is for your personal use only. Please do not send your clients here. Instead send them to one of the sites below. We are not set up to handle a large number of test orders.
<http://www.drritamarie.com/labtesting>
- **Direct Labs:** Blood tests and many of the functional tests from labs like Genova, Doctor's Data, and others. <http://www.DirectLabs.com/drritamarie>
- **Canary Club:** Uses a lab called ZRT -- includes a number of salivary hormone profiles.
<http://www.canaryclub.org>
- **Accessa Labs:** Has access to several of the labs above. Compare prices and availability before ordering. <http://www.accesalabs.com>
- **True Health Labs:** Offers a number of blood and functional tests, including ALCAT allergy tests. They did at one time offer Cyrex gluten related panels, but no longer appear to do so. <http://www.truehealthlabs.com>
- **Hakala Labs:** For Iodine Loading Test. <http://www.hakalalabs.com>
- **23andMe:** 23andMe provides ancestry-related genetic reports and uninterpreted raw genetic data. <https://www.23andme.com/>
- **My Labs for Life:** My Labs for Life provides confidential clinical laboratory services promoting wellness, prevention, and early detection of disease. My Labs for Life labs are collected at designated draw sites, which uphold all CLIA, HIPAA and OSHA regulations with the highest standards in phlebotomy collections and laboratory processing. <http://www.mylabsforlife.com/>
- **Great Plains Lab:** Great Plains Lab offers a variety of metabolic tests such as immune deficiency evaluations, amino acid tests, comprehensive fatty acid tests, organic acids testing, metal toxicity and food allergies tests.
<http://www.greatplainslaboratory.com/home/eng/home.asp>
- **Precision Analytical:** Precision Analytical exists to make it easier for patients and their health care providers to find answers to complex clinical questions that affect their lives every day. Their unique hormone testing and reporting methods create better tools for health care providers to explore hormone issues with their patients. They are fully committed to the mission of improving the lives of those who trust us for their laboratory testing needs. www.dutchtest.com

Exam and Lab Tracker

Name			
DATE (mm/dd/yy):			
Digestion		Note scores or abnormal findings here	
HCL Challenge			
Transit Time			
Bristol Scale			
Stool Test			
Blood Test: BUN			
Blood Test: Protein			
Blood Test: Albumin			
Blood Test: Globulin			
Stool Test			
Symptoms and Body Signs		Blank = absent, 1 = mild, 2 = moderate, 3 = severe	
Acne			
Dandruff			
Yellow discoloration below bottom eyelids			
Yellow/brown sclera			
Facial color: yellow			
Tongue irritation/redness			
Ulcerations or canker sores			
Red tongue tip			
A "cottage cheese" growth or coating on tongue			
Scalloped edges and teeth marks on tongue			
Chronic coating and/or "furry" tongue			
Splitting cuticles			
Excessive vertical ridges on nails			
Clubbing (nails grow downward, end of finger noticeably enlarges, nails break in odd ways)			
Bad breath			
Urine-like breath smells			
Red and inflamed lips			
Excessive vertical ridges on nails			
Pitting of nails			
Deep horizontal ridges (Beau's lines) on nails			
Yellowish, bulging, bending, breaking nails			
Hemorrhoids			
TOTAL Digestion			
Blood Sugar		Note scores or abnormal findings here	
MPG: Range of your peak blood glucose, about 45 minutes after eating			
Blood Test: Fasting Glucose			
Blood Test: Hemoglobin A1C (HbA1C)			
Blood Test: Fasting Insulin			
Blood Test: Insulin 45 minutes after eating			
Blood Test: HDL			
Blood Test: Triglycerides			
Blood Test: HDL/Triglyceride Ratio			
Symptoms and Body Signs		Blank = absent, 1 = mild, 2 = moderate, 3 = severe	
Acetone-like breath smells			
Excessively shiny or smooth tongue			
Skin tags			
Wounds that take a long time to heal			
Waist/hip ratio: males - if ratio is >1, select score of "3" (otherwise "0")			
Waist/hip ratio: females: if ratio is >.8, select score of "3" (otherwise "0")			
TOTAL Blood Sugar Dysregulation			
Adrenal		Note scores or abnormal findings here	
Blood Test: Sodium			
Blood Test: Potassium			
Blood Test: Chloride			
Saliva: Cortisol Sum			
Saliva: Cortisol AM			
Saliva: Cortisol Noon			
Saliva: Cortisol Late Afternoon			
Saliva: Cortisol Bedtime			
Saliva: DHEA			
DUTCH			

Exam and Lab Tracker

Name					
DATE (mm/dd/yy):					
Symptoms and Body Signs		Blank = absent, 1 = mild, 2 = moderate, 3 = severe			
Rib margin tenderness					
Brown or black discoloration below eyelids					
Dark gray or reddish back of tongue					
Ulcerations or canker sores					
Bad breath					
Rough, red, flaky cuticles					
Blood Pressure: Choose the # that best describes the change in blood pressure from lying down to standing.		Blank = +10, 1 = same, 2 = -10 or less, 3 = -10 or more			
Pupil Response: Choose the number that best correlates with the number of seconds your pupil maintains constriction when a bright light is shone in.		Blank = 20 seconds or more, 1 = 10-19 seconds, 2 = 5-9 seconds, 3 = under 5 seconds			
TOTAL Adrenal					
Thyroid					
Note scores or abnormal findings here					
Basil (first thing in AM) Body Temperature (average across 3 days)					
Daytime Body Temperature (average across 3 days, 3 times/day, 3 hours apart, start 3 hours after awakening)					
Blood Test: TSH					
Blood Test: Total T4					
Blood Test: Total T3					
Blood Test: Free T4					
Blood Test: Free T3					
Blood Test: Reverse T3					
Blood Test: TPO Antibodies					
Blood Test: Antithyroglobulin Antibodies					
Symptoms and Body Signs		Blank = absent, 1 = mild, 2 = moderate, 3 = severe			
Scalloped edges and teeth marks on tongue					
Loss of Lateral third of eyebrow					
Cold hands					
"Goose flesh" at the backs of arms or thighs					
Eyes "bug-out"					
Scalloped edges and teeth marks on tongue					
TOTAL Thyroid					
Sex Hormones					
Note scores or abnormal findings here					
Blood Test: Estrogen					
Blood Test: Progesterone					
Blood Test: Testosterone					
Blood Test: DHEA					
Blood Test: Pregnenalone					
24-Hour Comprehensive Steroid Panel (Meridian, Genova)					
DIUTCH Test					
Saliva Hormones					
Saliva: Estrogen					
Saliva: Progesterone					
Saliva: Testosterone					
Saliva: DHEA					
Saliva: LH					
Saliva: FSH					
Cycle Mapping					
Symptoms and Body Signs		Blank = absent, 1 = mild, 2 = moderate, 3 = severe			
Breast swelling, lumps, or discharge					
Pelvic swelling					
Vaginal discharge					
Vaginal bleeding					
Pelvic pain					
TOTAL Sex Hormones					
Organs and Body Systems					
Note scores or abnormal findings here					
Kidney Panel (see lab results handout)					
Liver Panel (see lab results handout)					
Electrolytes (see lab results handout)					
Lipid Panel (see lab results handout)					
NOTICE: The information contained here-in is not to be construed as medical advice. This is an educational program designed to empower you to take charge of your own health and learn to understand the signs your body is giving you. The responsibility for the consequences of your use of any suggestion or procedure described hereafter lies not with the authors, publisher or distributors of this program. This is not intended as medical diagnosis or health advice. To give you a full interpretation would require a comprehensive assessment. We recommend consulting with a licensed health professional before changing your diet or supplementation program. Except for personal use, no part of this program may be reproduced or distributed, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without prior written permission from Dr. Ritamarie Loscalzo					

Lab Results - U.S.

Lab Results - U.S.						
CATEGORIES	Client Name	Units	LAB RANGE		IDEAL RANGE	DATE
			Min	Max		
Lab Markers						
Glucose, serum		mg/dL	65.0	110.0	75.0	89.0
Uric acid, serum (female)		mg/dL	1.8	7.0	3.2	5.5
Uric acid, serum (male)		mg/dL	1.8	7.0	3.7	6.0
Blood urea nitrogen (BUN), serum		mg/dL	8.0	28.0	13.0	18.0
Creatinine, serum		mg/dL	0.5	1.2	0.7	1.1
Estimated glomerular filtration rate (eGFR), serum		mL/min/1.73 ^{m2}	59.0	-	59.0	-
Estimated glomerular filtration rate (eGFR) (African American), serum		mL/min/1.73 ^{m2}	59.0	-	59.0	-
BUN/Creatinine Ratio		-	8.0	27.0	8.0	27.0
Sodium, serum		mEq/L	135.0	148.0	135.0	140.0
Potassium, serum		mEq/L	3.5	5.5	4.0	4.5
Chloride, serum, plasma		mEq/L	99.0	111.0	100.0	106.0
Carbon dioxide, total, serum		mEq/L	19.0	31.0	25.0	30.0
Calcium, serum		mg/dL	8.7	10.5	9.2	10.1
Phosphorus, serum		mg/dL	2.3	4.8	3.5	4.0
Protein, total, serum		g/dL	6.2	8.3	6.9	7.4
Albumin, serum		g/dL	3.8	5.0	4.0	5.0

Client Name		LAB RANGE				IDEAL RANGE	DATE	Possible Interpretation	Follow-up
CATEGORIES		Units	Min	Max	Results	Min	Max	High	Low
Lab Markers									
Globulin, total, serum	g/dL	2.0	3.8	2.4	2.8			Hypocholesterolemia; liver; oxidative stress; metals/chemicals; autoimmune/allergy	Poor digestion; GI inflammation; low immunity
A/G Ratio	calc	1.1	2.3	1.5	2.0			See Globulin & Albumin	Rule out liver problems; check protein intake; HCl challenge, enzymes; optimize digestion; supplement with raw protein powder (Sunwarrior; Warrior Food, Vitamin Code raw protein) until digestive status is optimized; anti-inflammatory diet
Bilirubin, serum, total	mg/dL	0.1	1.5	0.2	1.2			Liver/gallbladder; thymus; oxidative stress; RBC hemolysis; Gilbert's syndrome	See Globulin & Albumin
Alkaline phosphatase, serum	U/L	27.0	142.0	70.0	90.0			Liver/gall bladder; bone loss/disease; leaky gut syndrome; shingles; vitamin C deficiency	See Spleen
Lactate dehydrogenase (LDH), serum	U/L	89.0	215.0	140.0	180.0			Liver/gall bladder; heart; B12/folate deficiency; inflammation; tissue destruction; viral infection	Check liver
Aspartate aminotransferase (AST) (SGOT), serum	U/L	1.0	45.0	10.0	26.0			Liver; heart; muscle breakdown; mono/EBV/CMV	If >120, do isoenzymes
Alanine aminotransferase (ALT) (SGPT), serum	U/L	1.0	55.0	10.0	26.0			Liver/gall bladder; muscle breakdown; alcoholism	See Spleen
Gamma-glutamyltransferase (GGT), serum	U/L	5.0	52.0	10.0	26.0			Liver; hemochromotosis; excess consumption of iron; iron conversion problem (B-12, folic acid, B-6, molybdenum); chronic viral infection	See Spleen
Iron, serum	µg/dL	40.0	180.0	85.0	130.0			Hypothyroid; adrenal stress; fat malabsorption; insulin resistance/diabetes; fatty liver; multiple sclerosis; trans fats	See Spleen
Cholesterol, total, serum	mg/dL	0.1	200.0	150.0	200.0			Insulin resistance/diabetes; high sugar intake; liver; fat malabsorption; alcoholism; stress; hypothyroid	See Spleen
Triglycerides, serum	mg/dL	35.0	160.0	50.0	100.0			Autoimmune processes; estrogen dominance	See Spleen
Cholesterol, high-density lipoprotein (HDL) (low level), serum	mg/dL	40.0	110.0	55.0	110.0			Refined carbs; insulin resistance/diabetes; oxidative stress; heavy metal/chemical; fatty liver; hypothyroid; sedentary lifestyle	See Spleen
Cholesterol, low-density lipoprotein (LDL) (high-level), serum	mg/dL	1.0	130.0	10.0	99.0			Insulin resistance/diabetes; high sugar intake; liver; fat malabsorption; alcoholism; stress; hypothyroid	See Spleen
THYROID MARKERS		-	0.3	4.0	0.8	1.3		Hypothyroidism	VAP; VLDL; C-reactive protein; homocysteine, imaging of heart
Thyroid-stimulating hormone (TSH), serum	µU/mL	0.3		5.7	1.5	3.0			Additional testing: Total T4, Free T3 and antibodies: thyroid peroxidase (TPO) and Antithyroglobulin if high, thyroid stimulating antibodies, if low

Client Name		Units		Lab Range		Ideal Range		Date		Possible Interpretation		Follow-up	
Categories		Min		Max		Results		High		Low			
Lab Markers													
Thyroxine, total, (T4 or TT4), serum	µg/ml	4.5	12.5	6.0	12.0			Hyperthyroidism, thyroid replacement medication	Hypothyroid, anterior pituitary dysfunction, iodine or selenium deficiency, deficiency of cofactors; B1; Hypothyroid; deficiency of selenium or iodine	Replenish nutrients, test for antibodies as per TSH follow-up			
Triiodothyronine (T3) uptake, serum	%	27.0	37.0	28.0	38.0			Hyperthyroidism, thyroid replacement medication	Hypothyroid, thyroid replacement medication	Further testing as per TSH			
Free Thyroxine Index (FTI), serum		1.2	4.9	1.2	4.9								
Total T3 or T3 (total triiodothyronine), serum	ng/dL	100.0	180.0	100.0	180.0								
Thyroxine, free (FT4), serum	ng/dL	0.7	2.0	1.0	1.5			Hyperthyroid; estrogen dominance; adrenal fatigue	Hypothyroid; iodine deficiency	Test estrogen, testosterone, look for exogenous sources, i.e., birth control pills, hormone replacement therapy			
Free T3 or FT3 (triiodothyronine, free), serum	pg/dL	2.0	4.4	3.0	4.5			Hyperthyroid; iodine deficiency, T4 over conversion, excess testosterone	Hypothyroid; selenium deficiency, T4 under conversion, estrogen dominance	Test estrogen, testosterone, look for exogenous sources, i.e., birth control pills, hormone replacement therapy			
Reverse T3 (RT3 or Reverse Triiodothyronine), serum	ng/dL	90.0	350.0	90.0	350.0			Low Free T3, insufficient T4 to T3 conversion	No specific significance	Full thyroid panel and nutritional replacement			
Thyroxine-binding globulin (TBG), serum	µg/m	18.0	27.0	18.0	27.0			Poor unbinding of thyroid hormones and insufficient levels of free hormones - excess estrogen		Full thyroid and hormone evaluation - birth control pills			
Thyroglobulin antibody screen (or antithyroglobulin), serum	IU/ml	0.0	1.0	0.0	1.0			Autoimmune thyroid, probably Hashimoto's	Normal is negative	Immune system balancing protocol, gluten and allergen free diet			
Thyroid peroxidase (TPO) antibodies, serum	IU/ml	0.0	34.0	0.0	2.0			Autoimmune thyroid, probably Hashimoto's	Normal is negative	Immune system balancing protocol, gluten and allergen free diet			
CBC MARKERS													
White blood cell count (WBC), whole blood	/µL	4.0	10.5	5.0	8.0			Acute viral or bacterial infection; stress; highly refined diets ; parasites	Chronic viral or bacterial infection; enzyme deficiency; lupus; raw food diet; deficiencies of B-6, B-12 and/or folic acid; food allergies; parasites	Further testing to determine source of infection, nutritional deficiency			
Red blood cell count (RBC) (female), whole blood	$\times 10^6/\mu\text{L}$	3.9	5.1	3.9	4.5			Dehydration; respiratory distress; vitamin C deficiency; polycythemia vera	Anemia (iron, B-5, B-12 and/or folic acid); internal bleeding	Retest in 3 months, hydrate properly if high. If low, look at other markers and possibly test ferritin, iron, B12 -methylmalonic acid			
Red blood cell count (RBC) (male), whole blood	$\times 10^6/\mu\text{L}$	3.9	5.1	4.2	4.9			Dehydration; respiratory distress; vitamin C deficiency; polycythemia vera	Anemia (iron, B-5, B-12 and/or folic acid); internal bleeding	Retest in 3 months, hydrate properly if high. If low, look at other markers and possibly test ferritin, iron, B12 -methylmalonic acid			
Hemoglobin (Hb) (female), whole blood	g/dL	12.0	16.0	13.5	14.5			Asthma/emphysema; polycythemia vera; dehydration	Anemia; vitamin C deficiency; digestive inflammation; internal bleeding; copper deficiency	Look at other markers - hct, rbc, mcv and test ferritin, iron			
Hemoglobin (Hb) (male), whole blood	g/dL	12.0	16.0	14.0	15.0			Asthma/emphysema; polycythemia vera; dehydration	Anemia; vitamin C deficiency; digestive inflammation; internal bleeding; copper deficiency	Look at other markers - hct, rbc, mcv and test ferritin, iron, rule out internal bleeding			
Hematocrit (female), whole blood	%	36.0	48.2	37.0	44.0								
Hematocrit (male), whole blood	%	36.0	48.2	40.0	48.0								

Client Name		Units		Lab Range		Ideal Range		Date		Possible Interpretation		Follow-up	
Categories		Min		Max		Results		High		Low			
Lab Markers													
Mean corpuscular volume (MCV), whole blood	µm ³	82.0	103.0	85.0	92.0	Anemia (B-12/folic acid); hypochlohydria; vitamin C deficiency; heavy metals; parasites	Anemia (iron/B-6); internal bleeding	Anemia (iron/B-6); internal bleeding	Anemia (iron/B-6); internal bleeding	Urinary methylmalonic acid to test B-12, or supplement (sublingual, patch, or shot)			
Mean corpuscular hemoglobin (MCH), whole blood	pg/cell	27.0	34.0	27.0	32.0	Anemia (B-12/folic acid); hypochlohydria	Anemia (iron/B-6); vitamin C deficiency; internal bleeding; heavy metals body	Anemia (iron/B-6); vitamin C deficiency; internal bleeding; heavy metals body	Anemia (iron/B-6); vitamin C deficiency; internal bleeding; heavy metals body	Urinary methylmalonic acid to test B-12, or supplement (sublingual, patch, or shot)			
Mean corpuscular hemoglobin concentration (MCHC), whole blood	g/dL	30.9	35.4	32.0	35.0	Anemia (B-12/folic acid); hypochlohydria	Anemia (iron/B-6); vitamin C deficiency; internal bleeding; heavy metals body	Anemia (iron/B-6); vitamin C deficiency; internal bleeding; heavy metals body	Anemia (iron/B-6); vitamin C deficiency; internal bleeding; heavy metals body	Urinary methylmalonic acid to test B-12, or supplement (sublingual, patch, or shot)			
Red blood cell distribution width (RDW or RCDW)	%	10.8	14.8	0.0	13.0	Deficiencies of iron, B-12 and/or folate; thalassemia	Deficiencies of iron, B-12 and/or folate; thalassemia	Deficiencies of iron, B-12 and/or folate; thalassemia	Deficiencies of iron, B-12 and/or folate; thalassemia	Urinary methylmalonic acid to test B-12, or supplement (sublingual, patch, or shot)			
Platelet count (thrombocytes), whole blood	×10 ³ /µL	150.0	400.0	150.0	450.0	Atherosclerosis	Atherosclerosis	Atherosclerosis	Atherosclerosis	Vitamin E and EFAs to thin blood if high, test for metals and improve antioxidants, if low			
Neutrophils, whole blood, number fraction	%	40.0	78.0	40.0	60.0	Bacterial	Bacterial	Bacterial	Bacterial	Find root cause of inflammation/infection			
Lymphocytes, whole blood, number fraction	%	15.0	50.0	25.0	40.0	Viral issue	Viral issue	Viral issue	Viral issue	Find root cause of inflammation/infection			
Monocytes, whole blood, number fraction	%	0.0	13.0	0.0	7.0	Acute and healing and recovery stages, parasites, liver dysfunction, prostate	Acute and healing and recovery stages, parasites, liver dysfunction, prostate	Acute and healing and recovery stages, parasites, liver dysfunction, prostate	Acute and healing and recovery stages, parasites, liver dysfunction, prostate	Find root cause of inflammation/infection			
Eosinophils, whole blood, number fraction	%	0.0	5.0	0.0	3.0	Allergy, parasites	Allergy, parasites	Allergy, parasites	Allergy, parasites	Find root cause of inflammation/infection			
Basophils, whole blood, number fraction	%	0.0	5.0	0.0	1.0	Inflammation, parasites	Inflammation, parasites	Inflammation, parasites	Inflammation, parasites	Find root cause of inflammation/infection			
Neutrophils (absolute), whole blood	/µL	1.8	7.8	1.8	7.8	Same as above	Same as above	Same as above	Same as above	Same as above			
Lymphs (absolute), whole blood	/µL	0.7	4.5	0.7	4.5	Same as above	Same as above	Same as above	Same as above	Same as above			
Monocytes (absolute), whole blood	/µL	0.1	1.0	0.1	1.0	Same as above	Same as above	Same as above	Same as above	Same as above			
Eosinophils (absolute), whole blood	/µL	0.0	0.4	0.0	0.4	Same as above	Same as above	Same as above	Same as above	Same as above			
Basophils (absolute), whole blood	/µL	0.0	0.2	0.0	0.2	Same as above	Same as above	Same as above	Same as above	Same as above			
ADDITIONAL MARKERS													
Homocysteine (female), plasma	mg/L	4.0	10.0	4.0	10.0	Cardiovascular risk	Cardiovascular risk	Cardiovascular risk	Cardiovascular risk	Further lipid testing, VAP, CRP			
Homocysteine (male), plasma	mg/L	4.0	12.0	4.0	12.0	Cardiovascular risk	Cardiovascular risk	Cardiovascular risk	Cardiovascular risk	Further lipid testing, VAP, CRP			
Erythrocyte sedimentation rate (ESR), hs-CRP (high-sensitivity C-reactive protein), serum	mm/hr	0.0	20.0	0.0	20.0	Inflammation	Inflammation	Inflammation	Inflammation	Find source of inflammation			
Apolipoprotein A-1, serum	mg/dL	110.0	162.0	110.0	162.0	atherosclerosis	atherosclerosis	atherosclerosis	atherosclerosis	Find source of inflammation			
Apolipoprotein B, serum	mg/dL	52.0	109.0	52.0	109.0	Lipid disorder	Lipid disorder	Lipid disorder	Lipid disorder	Find source of inflammation			
Reticulocytes count (female), whole blood	%	0.5	2.5	0.5	2.5	Hemolytic anemia (can be a sign of serious disease!)	Hemolytic anemia (can be a sign of serious disease!)	Hemolytic anemia (can be a sign of serious disease!)	Hemolytic anemia (can be a sign of serious disease!)	Medical evaluation if high			
Hemoglobin A1C (glycated hemoglobin),	hemoglobin	4.8	5.9	4.5	5.0	Diabetes/insulin resistance	Diabetes/insulin resistance	Diabetes/insulin resistance	Diabetes/insulin resistance	Medical evaluation if high			
Insulin, fasting, serum	µIU/mL	2.0	25.0	2.0	5.0	Nothing indicated by too low, hyperinsulinemia, diabetes, metabolic syndrome	Nothing indicated by too low, hyperinsulinemia, diabetes, metabolic syndrome	Nothing indicated by too low, hyperinsulinemia, diabetes, metabolic syndrome	Nothing indicated by too low, hyperinsulinemia, diabetes, metabolic syndrome	Low carb diet and retest			

Client Name	Ideal Range				Date	Possible Interpretation	Follow-up
	Units	Lab Range	Min	Max			
Categories							
Lab Markers							
Iron (transferrin) saturation (calc), female, serum	% - iron serum/TIBC	12.0	45.0	12.0	45.0	Hemochromotosis; internal bleeding; deficiencies of B-6, B-12, folate and/or protein	Iron deficiency Supplement as appropriate
Iron (transferrin) saturation (calc), male, serum	% - iron serum/TIBC	15.0	50.0	15.0	50.0	Hemochromotosis; internal bleeding; deficiencies of B-6, B-12, folate and/or protein	Iron deficiency Supplement as appropriate
TIBC - total iron binding capacity, serum	mcg/dL	250.0	390.0	250.0	350.0	Anemia; internal bleeding	Hemochromotosis; internal bleeding; low protein medical evaluation to rule out serious disease
Transferrin, serum	mg/dL	200.0	360.0	200.0	360.0		
Ferritin (female), serum	ng/mL	10.0	235.0	40.0	110.0	Hemochromotosis; excess consumption of iron; inflammation; liver; oxidative stress	If high, reduce iron intake , donate blood, evaluation for hemochromatosis
Ferritin (male), serum	ng/mL	10.0	235.0	40.0	200.0	Hemochromotosis; excess consumption of iron; inflammation; liver; oxidative stress	Anemia If high, reduce iron intake , donate blood, evaluation for hemochromatosis
Magnesium, serum	mEq/L	1.3	2.3	2.0	2.5	Kidney; hypothyroid	Muscle spasm; epilepsy; hyperadrenal; malabsorption Food, supplementation
VITAMINS							
Vitamin D, 25-hydroxyvitamin D, serum	ng/mL	32.0	100.0	70.0	100.0	Excess vitamin D intake, kidney stress	Insufficient vitamin D intake, insufficient sunlight, kidney stress
Vitamin B12, serum	pg/mL	211.0	911.0	800.0	1500.0	Excessive vitamin B12 intake	Insufficient vitamin B12 intake, insufficient stomach acid, intrinsic factor antibodies,
Folate, serum	ng/mL	5.4	-	5.4	-	Excess intake	Dietary deficiency

Client Name	LAB RANGE				DATE	Possible Interpretation
	Units	Min	Max	IDEAL RANGE		
CATEGORIES	Results	High	Low	Follow-up		
Lab Markers						
HORMONES						
Cortisol, serum	µg/dL	0.0	17.0	4.0 - 22.0	Excess stress	Adrenal burnout
Progesterone, serum	ng/mL	0.2	28.0	18.0 - 27.0	Excess supplementation	
Estriol (E2), serum	pg/mL	19.0	528.0	450.0		
Sex-hormone binding globulin (SHBG), serum	µg/mL	18.0	114.0	18.0 - 114.0		
Testosterone, serum	ng/dL	14.0	76.0	35.0		
Free testosterone, serum	ng/dL	0.0	2.2	1.0 - 2.2		
Dehydroepiandrosterone sulfate (DHEA-S), serum	mcg/dL	65.0	380.0	275.0 - 400.0	Adrenal stress, PCOS	Adrenal burnout
Luteinizing hormone (LH), serum	mIU/ml	0.0	76.3	0.0 - 76.3	Menopause, perimenopause	
Follicle-stimulating hormone (FSH), serum	mIU/ml	2.8	2.8	17.2 - 17.2	Menopause, perimenopause	
Aldosterone, serum	ng/dL	1.0	16.0	1.0 - 16.0		
Adrenocorticotrophic hormone (ACTH), serum	pg/mL	6.0	58.0	6.0 - 58.0		
IMMUNE MARKERS						
Lyme IgG/IgM antibodies, serum	a negative test is normal	0.0	1.0	0.0 - 1.0	Lyme's disease antibodies	Normal
Lyme IgG p41 band antibodies, serum	a negative test is normal	0.0	1.0	0.0 - 1.0	Lyme's disease antibodies	Normal
Candida IgG antibody, serum	antibody	0.0	10.0	0.0 - 10.0	Candida overgrowth	Normal
Candida IgM antibody, serum	antibody	0.0	10.0	0.0 - 10.0	Candida overgrowth	Normal
Insulin-like growth factor 1 (IGF-1), serum	ng/mL	117.0	329.0	117.0 - 329.0	Can be suggestive of low growth hormone (GH)	Possible tumor or growth, pituitary tumor
Antinuclear Antibodies (ANA), serum	Negative is normal	0.0	0.0	0.0	Autoimmune, possibly Lupus	Normal
Carbohydrate antigen (CA 19-9), serum	U/mL	0.0	35.0	0.0 - 35.0	Autoimmune disease	Normal
Carcinoembryonic antigen (CEA), serum	ng/mL	0.0	2.5	0.0 - 2.5	Cancer marker	Normal
Sedimentation rate, whole blood	mm/h	0.0	20.0	0.0 - 20.0	Inflammation	Normal
Creatine kinase (CK), total, serum	U/L	24.0	173.0	24.0 - 173.0	Damage to muscle or heart, some forms of muscular dystrophy if very high	Normal
Intrinsic factor blocking antibody (IFA)	test is normal	0.0	1.0	0.0 - 1.0	Autoimmune disorder	Normal

NOTICE: The information contained here-in is not to be construed as medical advice. This is an educational program designed to empower you to take charge of your own health and learn to understand the signs your body is giving you. The responsibility for the consequences of your use of any suggestion or procedure described hereafter lies not with the authors, publisher or distributors of this program. This is not intended as medical diagnosis or health advice. To give you a full interpretation would require a comprehensive assessment. We recommend consulting with a licensed health professional before changing your diet or supplementation program. Except for personal use, no part of this program may be reproduced or distributed, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without prior written permission from the publisher.



7 Pillars Follow-Up Actions

Review your *7 Pillars Scorecard Assessment* and note in the chart below the actions you plan to take to improve in each of the areas for which your assessment showed a challenge.

Pillar	Notes and Action Plan