

Vitality Assessment

Name:

Date:

Nutrition
& Digestion

Movement
& Metabolism

Rest &
Manage Stress

Reduce
Toxicity

Informed
Self Care



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

NUTRITION & DIGESTION	Never Me	Seldom Me	Sometimes Me	Often Me	Always Me
I eat whole foods and avoid processed, junk, or fast foods even when I eat out.					
I eat an 80%+ plant-based diet, with at least 5 servings of fruits and vegetables daily.					
I get good, sustainable energy from what I eat and feel vibrant throughout the day.					
I am rarely bothered by what I eat and don't have food sensitivities.					
I avoid soda, energy, or other commercial or processed drinks.					
I occasionally use stimulants such as caffeine, but avoid excessive consumption.					
I consume little to no alcohol.					
I take nutritional supplements regularly (e.g., vitamins, minerals, antioxidants, omegas).					
I regularly consume extra greens as part of a daily supplement or smoothie routine.					
Regardless of what I eat, I rarely experience heartburn, indigestion, gas, or bloating.					
My elimination is rarely uncomfortable. I have regular bowel movements 2-3 times/day.					
Regardless of what I eat, I rarely experience constipation or diarrhea.					
I regularly supplement with fiber, enzyme, and probiotic products.					
I rarely suffer from bad breath.					
If I have children, they take nutritional supplements/vitamins regularly.					
Now, rate yourself overall in this area on a scale of 1-10 (1 being the lowest, 10 being the highest). This is not a mathematical summary of your answers. Rather, it is simply how you feel you're doing in this area of health.					

MOVEMENT & METABOLISM	Never Me	Seldom Me	Sometimes Me	Often Me	Always Me
I exercise regularly and am active for at least 30 mins. daily, at least 5 days per week.					
I engage in strength and/or weight training at least 3 times per week.					
I experience good muscle strength and endurance during physical activity or exercise.					
I recover quickly from any kind of activity or exercise and am not overly fatigued by it.					
I breathe easily and comfortably when physically active.					
I am free from aches and pains and move with ease throughout my day.					
I use natural solutions to relieve occasional discomfort after movement/activity.					
I have energy throughout the day, more than adequate to get things done.					
I believe my metabolism and blood sugar are consistently within a healthy range.					
I maintain my ideal weight with ease, rarely needing to adjust diet or lifestyle.					
I have a healthy relationship with food and eat only when I am hungry.					
My appetite feels well balanced. I don't over/under eat or experience cravings.					
I feel satisfied after I eat a balanced meal, not continuing to crave food afterwards.					
I easily maintain cholesterol levels in a healthy range.					
Now, rate yourself overall in this area on a scale of 1-10 (1 being the lowest, 10 being the highest). This is not a mathematical summary of your answers. Rather, it is simply how you feel you're doing in this area of health.					

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REST & MANAGE STRESS	Never Me	Seldom Me	Sometimes Me	Often Me	Always Me
I fall asleep easily and don't need supplements or other kind of support to do so.					
I stay asleep throughout the entire night and don't need extra support to do so.					
I wake up feeling rested and renewed.					
I am motivated and engage in the activities of my day with enthusiasm.					
I am trusting of myself. I feel capable to participate in and navigate most situations.					
I maintain a positive outlook and mood most of the time.					
I have a consistent passion for life and am open to new experiences.					
I feel emotionally balanced throughout most of each day.					
I rarely feel overly anxious, fearful, or overwhelmed.					
I am resilient. I handle stress well and recover quickly from stressful situations.					
I adapt quickly to interruptions and am not easily agitated or irritated.					
I live with self-confidence and do not require excessive reassurance.					
I rarely experience excess worry or doubt and am not prone to overthinking things.					
I easily maintain focus and concentration and can stay on task.					
Now, rate yourself overall in this area on a scale of 1-10 (1 being the lowest, 10 being the highest). This is not a mathematical summary of your answers. Rather, it is simply how you feel you're doing in this area of health.					

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

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INFORMED SELF CARE

Never Me

Seldom
Me

Sometimes
Me

Often Me

Always
Me

I take specialty supplements designed to target cellular health and longevity.

I have a strong immune system and rarely get sick. If I do get sick, I recover quickly.

I use smart supplementation to target proper immunity.

My bones are healthy and strong. I have flexible joints that move with ease.

I take specialty supplements to maintain healthy levels of inflammation/joint health.

My muscles feel strong, offer stable support, and recovery quickly when stressed.

I maintain healthy breathing throughout all the seasons.

I avoid tobacco in all forms (e.g. smoking, chewing, vaping).

My air quality is good (not regularly exposed to airborne toxins or excessive pollution).

My urine is pale yellow and without strong aroma. I reach the bathroom without excess urgency.

I do NOT experience frequent (get up 2x's or more) nighttime urination.

I feel stable. I am NOT often shaky, dizzy, nor do I feel imbalanced or unsteady.

I make decisions and solve problems with ease.

My mental capacities, thinking, and memory are clear, sharp, and quick.

I have healthy circulation and maintain a healthy body temperature.

I do not experience hot flashes or night sweats.

I have healthy reproductive organs and, if applicable, healthy menstruation.

I have a healthy sex drive.

I feel hormonally balanced.

I have healthy hair, skin, and nails.

My skin is free from breakouts, spots/blotches, and dry patches.

I keep natural, over-the-counter solutions on hand for life's little emergencies and first aid.

Now, rate yourself overall in this area on a scale of 1-10 (1 being the lowest, 10 being the highest). This is not a mathematical summary of your answers. Rather, it is simply how you feel you're doing in this area of health.

Place each rating from above in appropriate box.

<input type="checkbox"/>	Proactive Medical Care	↑ Healthcare
<input type="checkbox"/>	Informed Self Care	
<input type="checkbox"/>	Reduce Toxicity	↓ Lifestyle
<input type="checkbox"/>	Rest & Manage Stress	
<input type="checkbox"/>	Movement & Metabolism	
<input type="checkbox"/>	Nutrition & Digestion	

Based on your answers, identify your top health priorities.

What do you want to experience more of?

1. _____
2. _____
3. _____

What do you want to experience less of?

1. _____
2. _____
3. _____