

Health Assessment

Modified for use by Hopwood Holistic Health

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The purpose of this assessment is to determine your risk of developing the degenerative diseases common to the changes in modern diet and food choices. If needed we also recommend diagnostic testing through Life Extensions for further assessment. We believe first step towards meeting your wellness goals is a complete and honest look at your food choices and daily behavior and stressors. Please complete the following inventory of your diet and lifestyle along with your food and behavior analysis and submit to Rebecca for review. As always, your information is always kept in strict confidence. It is always easier to prevent disease than to recover from it. The answer is often at our fingertips via our choices! Live and live well!

Diet

I eat breakfast:		# points
Every day	0 points	
Most days	1 point	
Rarely	2 points	
Never	3 points	
<hr/>		
I eat _____ meals per day		
5-6	0 points	
4	1 point	
2-3	2 points	
1	3 points	
<hr/>		
I eat _____ servings of fruit per day		
3-4	0 points	
2	1 point	
1	2 points	
Usually none	3 points	
<hr/>		
I eat _____ servings of vegetables per day		
8-9	0 points	
6-7	1 point	
5	2 points	
Fewer than 5	3 points	

I eat _____ servings of whole grains per day

3 or more	0 points
2	1 point
1	2 points
Fewer than 1 per day	3 points

I eat _____ servings of legumes per week

5 or more	0 points
3-4	1 point
1-2	2 points
Fewer than 1	3 points

I eat foods containing ingredients like refined sugar, enriched flour and other negative ingredients:

Almost never	0 points
1-2 times per week	1 point
3-4 times per week	2 points
More than 4 times per week	3 points

I consume artificial sweeteners:

Never	0 points
Occasionally	1 point
Weekly	2 points
More than one time per week	3 points

I consume fast food:

Never	0 points
Occasionally	1 point
Weekly	2 points
More than one time per week	3 points

I consume soft drinks:

Never	0 points
Occasionally	1 point
Weekly	2 points
More than once per week	3 points

I consume animal foods (beef, dairy, chicken, eggs, fish, etc.):

Never	0 points
1-3 times per week	0 points
4 or more times per week	4 points
5 or more times per week	5 points

(If not a vegetarian) I eat organic animal foods and wild fish:

Always	0 points
Sometimes	3 points
Never	5 points

I consume dairy products:

Never	0 points
Weekly	2 points
Daily	3 points
More than once per day	5 points

I drink 64 ounces of water:

Daily	0 points
Most days	1 point
Rarely	2 points
Almost never	3 points

I drink the following types of water:

Carbon filtered	0 points
Bottled with minerals (like Evian or Fiji)	0 points
Bottled w/o naturally occurring minerals	2 points
Tap water	3 points
Reverse osmosis or distilled	3 points

I drink alcohol:

1 time per week or less	0 points
2 times per week	1 point
3 times per week	2 points
4 or more times per week	3 points

I consume oils (in salad dressings, cooking oils, in packaged foods):

Almost never	0 points
Several times per week	1 point
Once per day	2 points
More than once per day	3 points

I drink coffee:

Occasionally	0 points
Weekly	1 point
Daily	2 points
More than one cup per day	3 points

Smoking

I have never smoked	0 points
I quit over 5 years ago	0 points
I quit less than 5 years ago	1 point
I quit less than one year ago	2 points
I currently smoke	5 points

Sleep Habits

I regularly go to bed between 10:00 and 11:00 PM	0 points
I go to bed after 11:00 PM	1 point
I go to bed after 12:00 AM	2 points
I need an alarm clock to wake up	3 points
I fall asleep easily when I watch TV or read	4 points

Stress:

Please check off those issues that are currently causing you stress:

<input type="checkbox"/> Children	<input type="checkbox"/> Low self-esteem
<input type="checkbox"/> Parents	<input type="checkbox"/> Divorce/separation
<input type="checkbox"/> Spouse/significant other	<input type="checkbox"/> Moving
<input type="checkbox"/> Work circumstances	<input type="checkbox"/> Not looking the way you want
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Boss
<input type="checkbox"/> Traffic	<input type="checkbox"/> Lack of exercise
<input type="checkbox"/> Lack of sleep	<input type="checkbox"/> Financial
<input type="checkbox"/> Physical illness	<input type="checkbox"/> Not enough hours in the day
<input type="checkbox"/> Unfulfilled expectations	<input type="checkbox"/> Can't say 'no'
<input type="checkbox"/> No time to yourself	

Assign one point for each item you checked above

Relationships:

I engage in social activities:

At least once per week	0 points
Fewer than once per week	1 point
Once per month	2 points
Rarely	3 points

Marriage/significant other

I am happy being single	0 points
I am happily married	0 point
I am happy in a committed relationship	0 points
I am single and unhappy	2 points
I am married and unhappy	2 points
I am in a relationship and unhappy	2 points

Friends:

I have supportive friends	0 points
My friends could be more supportive	1 point
My friends are not supportive	2 points
I need to make new friends	3 points

General relationship:

Most of my relationships with others are good	0 points
Some of my relationships need improvement	2 points
I often have conflicts with other people	3 points

Job/Career

I like my job	0 points
I like only parts of my job	1 point
I wish I had a different job	2 points
I wish I had a different career	3 points

Personal:

I like myself	0 points
I like some aspects of myself	1 points
I need to make major improvements in myself	2 points
I don't like myself	3 points

Outlook:

I am very optimistic	0 points
I am usually optimistic	1 point
I often feel pessimistic	2 points
I tend to be pessimistic	3 points

Outlook Part II:

I have a good sense of humor	0 points
I can sometimes laugh at life	1 point
I have trouble maintaining my sense of humor	2 points
I generally do not have a good sense of humor	3 points

Exercise:

Number of days you work out:	
I work out 5 or more days/week	0 points
I work out 4 days per week	1 point
I work out 3 days per week	2 points
I work out 2 times/week or less	3 points

Length of each workout:

My workouts are 45 minutes or longer each	0 points
My workouts are 30-40 minutes	1 point
My workouts are 15-25 minutes	2 points
My workouts are less than 20 minutes	3 points

I spend _____ minutes in my target heart zone during each workout:

45 minutes or more	0 points
30-40 minutes	1 point
20-30	2 points
Less than 20	3 points

I do weight training:

2 or more times per week	0 points
1 time per week	1 point
A couple of times per month	2 points
Rarely	3 points

Part I Sub-Total

Part II *Please assign 3 points for every item checked below:*

- Do you often wake up feeling tired?....._____
- Do you regularly experience fatigue during the day?....._____
- Do you feel that you should be more energetic?....._____
- Do you suffer from frequent headaches or migraines?_____
- Are you more than 10 pounds overweight?_____
- Do you have too much body fat?....._____
- Does your weight fluctuate often?_____
- Do you experience lack of mental clarity or memory loss?_____
- Do you have problems with digestion?....._____
- Do you have gastrointestinal problems?....._____
- Do you have constipation on a regular basis?_____
- Do you have asthma?....._____
- Do you have allergies?....._____
- Do you frequently get colds, sinus congestion or flu-like symptoms?....._____
- Do you experience bouts of depression or anxiety?....._____
- Do you have arthritis?....._____
- Do you suffer from any autoimmune disorders?....._____
- Do your joints hurt?....._____
- Do you have trouble going to sleep or sleeping through the night?_____
- Are you experiencing menopausal symptoms?....._____
- Do you frequently experience food cravings?....._____
- Do you frequently eat when you are not hungry?_____
- Do you often feel stressed out?_____
- Do you ever feel bloated or uncomfortable after eating?_____
- Are you taking over-the-counter medications regularly?....._____
- Do you take pharmaceutical drugs?_____

Part II Sub-Total _____

Total Points for the Survey _____

Scoring System

under 20 points

You are doing a great job. Of course, it would be best if you scored no points, but no one is perfect! Keep working at maintaining dietary excellence and optimal habits.

21-35 points

Although you are doing a lot of the right things, your risk of developing degenerative diseases is elevated and there is room for improvement.

36-50 points

Your diet and lifestyle are in need of improvement in order to reduce your risk of diseases like cardiovascular disease, cancer and diabetes. Best to start now!

51-65 points

Immediate changes are needed, as your risk is quite high.

66 or higher

You are in the highest risk category for developing conditions associated with poor diet and lifestyle.

See next page for guidelines for dietary excellence and optimal habits.

Dietary Excellence and Optimal Habits

Guidelines for diet:

- Start the day with a healthy breakfast and eat several small meals throughout the day. If you can add fasting periods to give your body a rest and to help your gut flora regenerate and do their job. Suggestion no solid food after 7:00 pm or before 10:00am at least 3-4 times a week. If you can try stopping after a breakfast of your choice and only drink teas, broths, smoothies for the remainder of the day at least one day a week.
- Consume a plant-based diet with 90% of calories from fruits, vegetables, whole grains and legumes
- Consume animal foods sparingly, and eliminate cow's milk products
- Make quality water your first-choice beverage and try to drink 64 ounces daily or ½ your weight in ounces.
- Reduce your consumption of processed and highly refined foods (Get the White OUT)
- Increase your fiber consumption
- Decrease fat consumption except for quality oils.

Guidelines for living:

- Go to bed early – an hour of sleep before midnight is worth two hours after
- Change situations that cause you stress or change your response to stress
- Take a personal inventory and improve those things that would help you to feel better about yourself

Exercise:

- An optimal plan includes spending 45-60 minutes in your target heart zone 5-6 days per week
- A combination of weight training, aerobic exercise and stretching is best

Symptoms:

- Symptoms like fatigue, digestive disorders and excess weight are signs that you need to make improvements in your diet and lifestyle. Do so before you develop a serious health condition – it is easier to prevent than reverse disease!

Overview of MFR/Alignment Concerns

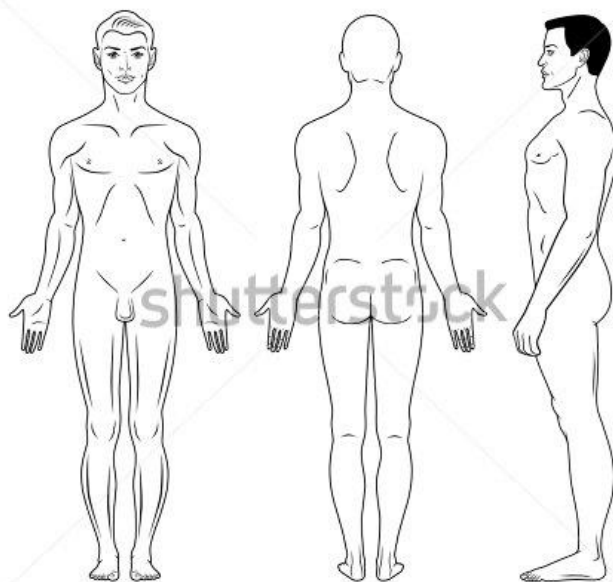
Name: _____ Date: _____

DOB _____

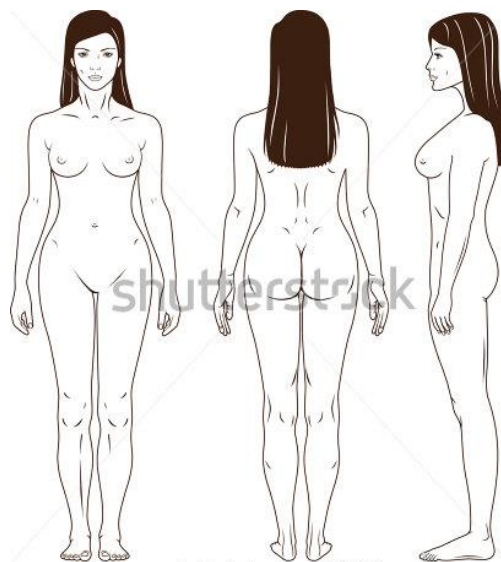
Current Concern (please circle or star area of chronic problems: _____

Contributing Factors: _____

Medications or Herbs: _____



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