



HealthyBodyHealthyLife  
with *Melissa Koerner*

## Inflammation Susceptibility Questionnaire



Copyright © 2020, Forward Fitness 360, LLC d/b/a/ Healthy Body Healthy Life

All rights reserved. No portion of this book may be used, reproduced or transmitted in any form or by any means, electronic or mechanical, including fax, photocopy, recording or any information storage and retrieval system by anyone but the purchaser for his or her own personal use. This book may not be reproduced in any form without the written permission of the publisher, except by a reviewer who wishes to quote brief passages in connection with a review written for inclusion in a magazine, newspaper or website and has written approval prior to publishing.

[HealthyBodyHealthyLife.com](http://HealthyBodyHealthyLife.com)

#### Professional Advice Disclaimer

The nutrition, exercise, and health information and activities described in this book were developed by the author and are to be used as an adjunct to improved health, fitness, and weight-loss. These programs may not be appropriate for everyone. All individuals, especially those who suffer from any disease or are recovering from any injury, should consult their physicians regarding the advisability of undertaking any of the activities suggested in these programs. The author has been painstaking in her research. However, she is neither responsible nor liable for any harm or injury resulting from this program or the use of the exercises or exercise devices described herein.



## The Inflammation Susceptibility Questionnaire

The following questionnaire is designed to create a general picture of your lifestyle and help you identify which lifestyle habits are triggering inflammation in your body. The questionnaire is divided into 4 sections that relate to your health and wellbeing: nutrition and digestion, stress and emotions, sleep and energy, and exercise and physical strength.

Your answers to these questions will help you create a baseline to work from and track of your progress as you make changes in your eating habits, stress management, sleep habits, physical activity, rest, and personal development.

1. Answer each question with the response that best fits you. It is very important that you answer each question as accurately and honestly as possible. There are no right or wrong answers. Select the response that most accurately describes you, not what you think you should answer.

When answering the nutrition and diet questions, forget everything you've been told about what you should and shouldn't eat. Answer the questions based on your gut instinct to how you would prefer to eat if you could eat what you innately desire.

2. Total your scores for each section. There are numbers in parentheses after each answer. Add up the numbers corresponding to each of your responses to get your total score for that section.

3. Graph your scores on page 17.



## Section 1: Nutrition & Digestion

1. Do you shop for food less frequently than every 7 days?

\_\_\_\_\_ Yes (5)  
\_\_\_\_\_ No (0)

2. Do you eat more frozen or canned Vegetables and fruits than fresh?

\_\_\_\_\_ Yes (5)  
\_\_\_\_\_ No (0)

3. Do you eat more cooked vegetables than raw?

\_\_\_\_\_ Yes (5)  
\_\_\_\_\_ No (0)

4. Do you eat vegetables with fewer than two meals daily?

\_\_\_\_\_ Yes (5)  
\_\_\_\_\_ No (0)

5. Do you buy more non-organic produce than organic produce?

\_\_\_\_\_ Yes (5)  
\_\_\_\_\_ No (0)

6. Do you eat green, leafy vegetables?

\_\_\_\_\_ Yes (0)  
\_\_\_\_\_ No (5)

7. Do you eat white bread more than whole grain bread?

\_\_\_\_\_ Yes (5)  
\_\_\_\_\_ No (0)

8. Do you eat quick cook grains such as Rice-A-Roni, Quaker Oats or Minute Rice more often than slow-cooked organic whole grains?

\_\_\_\_\_ Yes (5)  
\_\_\_\_\_ No (0)

9. How often do you consume pasteurized, homogenized milk or cheese?

\_\_\_\_\_ Never or rarely (0)  
\_\_\_\_\_ 1-2 times per week (1)  
\_\_\_\_\_ 3 times per week (3)  
\_\_\_\_\_ 3 + times per week (5)

10. How often do you eat non-organic yogurts?

\_\_\_\_\_ Never or rarely (0)  
\_\_\_\_\_ 1-2 times per week (1)  
\_\_\_\_\_ 3 times per week (3)  
\_\_\_\_\_ 3 + times per week (5)

11. Do you eat regular store-bought eggs from cage-raised chickens (as opposed to free-range eggs?)

\_\_\_\_\_ Yes (5)  
\_\_\_\_\_ No (0)

12. Do you eat more *non-organic* red meat than organic meat?

\_\_\_\_\_ Yes (5)  
\_\_\_\_\_ No (0)

13. Do you eat meats (beef, chicken, pork) from sources other than free-range & hormone-free?

\_\_\_\_\_ Yes (3)  
\_\_\_\_\_ No (0)



## Section 1: Nutrition & Digestion cont.

14. Do you eat canned fish more frequently than fresh fish?

\_\_\_\_\_ Yes (3)  
\_\_\_\_\_ No (0)

15. How often do you use commercial salad dressings

\_\_\_\_\_ Never or rarely (0)  
\_\_\_\_\_ Once per week (1)  
\_\_\_\_\_ Twice per week (2)  
\_\_\_\_\_ 2 + times per week (3)

16. How often do you use products containing hydrogenated oils (margarine, mayo, baked goods, cereal, condiments.)

\_\_\_\_\_ Never or rarely (0)  
\_\_\_\_\_ Once per week (1)  
\_\_\_\_\_ twice per week (2)  
\_\_\_\_\_ 2 + times per week (5)

17. Do you eat nuts or seeds that are roasted or salted?

\_\_\_\_\_ Yes (1)  
\_\_\_\_\_ No (0)

18. How often do you use white table sugar to sweeten your foods (i.e coffee, baking?)

\_\_\_\_\_ Never or rarely (0)  
\_\_\_\_\_ Once per week (1)  
\_\_\_\_\_ 2-3 times per week (3)  
\_\_\_\_\_ 3 + times per week (5)

19. How often do you use artificial sweeteners (Equal, Splenda, Sweet-n-Low etc.)?

\_\_\_\_\_ Never or rarely (0)  
\_\_\_\_\_ Once per week (1)  
\_\_\_\_\_ 2-3 times per week (5)  
\_\_\_\_\_ 3+ times per week (10)

20. Do you use standard white table salt?

\_\_\_\_\_ Yes (5)  
\_\_\_\_\_ No (0)

21. Do you eat frozen dinners or packaged foods more than three times per week?

\_\_\_\_\_ Yes (5)  
\_\_\_\_\_ No (0)

22. How often do you eat fast food (McDonald's, KFC, Wendy's, Pizza Hut etc.)?

\_\_\_\_\_ Never or rarely (0)  
\_\_\_\_\_ 1-2 times per week (2)  
\_\_\_\_\_ 3 times per week (5)  
\_\_\_\_\_ 3 + times per week (10)

23. Do you drink unfiltered tap water?

\_\_\_\_\_ Yes (10)  
\_\_\_\_\_ No (0)

24. How often do you eat snacks from vending machines?

\_\_\_\_\_ Never or rarely (0)  
\_\_\_\_\_ 1-2 times per week (2)  
\_\_\_\_\_ 3 times per week (5)  
\_\_\_\_\_ 3 + times per week (10)

25. How often do you eat sugary foods (candy, ice cream, pastries, cereals, granola bars)?

\_\_\_\_\_ Never or rarely (0)  
\_\_\_\_\_ Once per week (1)  
\_\_\_\_\_ 2-3 times per week (3)  
\_\_\_\_\_ 3+ times per week (5)



## Section 1: Nutrition & Digestion cont.

26. Do you drink water daily?

\_\_\_\_\_ Yes (0)

\_\_\_\_\_ No (5)

If yes, how much? \_\_\_\_\_

27. How often do you drink caffeinated coffee or tea?

\_\_\_\_\_ Never or rarely (0)

\_\_\_\_\_ Once per week (1)

\_\_\_\_\_ 2-3 times per week (3)

\_\_\_\_\_ 3+ times per week (5)

28. How often do you drink store-bought fruit juices?

\_\_\_\_\_ Never or rarely (0)

\_\_\_\_\_ Once per week (1)

\_\_\_\_\_ 2-3 times per week (3)

\_\_\_\_\_ 3+ times per week (5)

29. Do you typically eat carbohydrates (i.e. bread, pasta, crackers, cookies, muffins, cereals, fruit, vegetables, chocolate) by themselves?

\_\_\_\_\_ Yes (5)

\_\_\_\_\_ No (0)

30. Do you read food labels to monitor your dairy, intake of fats, sugars, salt, artificial sweeteners, preservatives and dyes?

\_\_\_\_\_ Yes (0)

\_\_\_\_\_ No (5)

31. Do you frequently skip meals?

\_\_\_\_\_ Yes (3)

\_\_\_\_\_ No (0)

32. Do regularly eat or drink products containing sugar, white flour, processed dairy?

\_\_\_\_\_ Yes (5)

\_\_\_\_\_ No (0)

33. How often do you drink alcohol?

\_\_\_\_\_ Never or rarely (0)

\_\_\_\_\_ Once per week (5)

\_\_\_\_\_ 2-3 times per week (10)

\_\_\_\_\_ 3+ times per week (15)

34. How often do you drink soda?

\_\_\_\_\_ Never or rarely (0)

\_\_\_\_\_ Once per week (1)

\_\_\_\_\_ 2-3 times per week (3)

\_\_\_\_\_ 3+ times per week (5)

35. How often do you eat fried foods?

\_\_\_\_\_ Never or rarely (0)

\_\_\_\_\_ Once per week (1)

\_\_\_\_\_ 2-3 times per week (3)

\_\_\_\_\_ 3+ times per week (5)

36. How often do you use a microwave?

\_\_\_\_\_ Never or rarely (0)

\_\_\_\_\_ 1-2 times per week (2)

\_\_\_\_\_ 3-4 times per week (5)

\_\_\_\_\_ 4 + times per week (10)

37. Do you have any food sensitivities (i.e. to gluten, eggs, soy, corn, nuts etc.)?

\_\_\_\_\_ Yes (5)

\_\_\_\_\_ No (0)

38. How often do you consume drinks with caffeine or sugar (coffee, tea, soda, juice, sports drinks etc.)?

\_\_\_\_\_ Never or rarely (0)

\_\_\_\_\_ 1 cup per day (1)

\_\_\_\_\_ 2 cups per day (3)

\_\_\_\_\_ More than 2 cups per day (5)



## Section 1: Nutrition & Digestion cont.

39. How often do you go more than four hours without eating?  
\_\_\_\_\_ Never or rarely (0)  
\_\_\_\_\_ 1-2 times per week (1)  
\_\_\_\_\_ 3 times per week (2)  
\_\_\_\_\_ 3 + times per week (3)
40. How often do you skip breakfast (eat more than 2 hours after getting up)?  
\_\_\_\_\_ Never or rarely (0)  
\_\_\_\_\_ 2 times per week (1)  
\_\_\_\_\_ 3 times per week (5)  
\_\_\_\_\_ 3 + times per week (10)
41. Do you avoid fats when eating?  
\_\_\_\_\_ Yes (5)  
\_\_\_\_\_ No (0)
42. Do you often eat carbs (bread, pasta, cookies, fruit, cereal, muffins, crackers, bagels, candy etc.) without fat or protein?  
\_\_\_\_\_ Yes (5)  
\_\_\_\_\_ No (0)
43. Do you eat every 3-4 hours? 1  
\_\_\_\_\_ Yes (0)  
\_\_\_\_\_ No (5)
44. Do you eat your meals "on the run"?  
\_\_\_\_\_ No (0)  
\_\_\_\_\_ Yes (5)
45. Do you eat compulsively?  
\_\_\_\_\_ Yes (5)  
\_\_\_\_\_ No (0)
46. How often do you experience lower abdominal bloating?  
\_\_\_\_\_ Never or rarely (0)  
\_\_\_\_\_ 1-2 times per week (3)  
\_\_\_\_\_ 3 times per week (5)
47. Have you tried diets to lose weight?  
\_\_\_\_\_ No (0)  
\_\_\_\_\_ Once (1)  
\_\_\_\_\_ Twice (2)  
\_\_\_\_\_ 3-5 times (5)  
\_\_\_\_\_ More than 5 times (10)
48. Do you have difficulty burning fat around your belly, hips or thighs even with regular exercise?  
\_\_\_\_\_ Yes (3)  
\_\_\_\_\_ No (0)
49. Do eat your largest meal in the evening?  
\_\_\_\_\_ Yes (1)  
\_\_\_\_\_ No (0)
50. Do you often get hungry or crave sweets within 2 hours of eating a meal?  
\_\_\_\_\_ Yes (5)  
\_\_\_\_\_ No (0)
51. Do you eat at least three meals per day?  
\_\_\_\_\_ Yes (0)  
\_\_\_\_\_ No (5)
52. Do you ever binge on food or alcohol?  
\_\_\_\_\_ Yes (5)  
\_\_\_\_\_ No (0)
53. Do you have food cravings within two hours of eating?  
\_\_\_\_\_ Yes (5)  
\_\_\_\_\_ No (0)
54. How often do you have little to no appetite?  
\_\_\_\_\_ Never or rarely (0)  
\_\_\_\_\_ 1-2 times per week (3)  
\_\_\_\_\_ 3 times per week (5)  
\_\_\_\_\_ 3 + times per week (10)



## Section 1: Nutrition & Digestion cont.

55. Do you frequently have loose stools or diarrhea?

- \_\_\_\_\_ No (0)  
\_\_\_\_\_ Once per week (1)  
\_\_\_\_\_ 3 + times per week (5)

56. How often do you experience constipation or stools that are compact or hard to pass?

- \_\_\_\_\_ Never or rarely (0)  
\_\_\_\_\_ 1-2 times per week (3)  
\_\_\_\_\_ 3 + times per week (5)

57. Do you often burp/belch after meals?

- \_\_\_\_\_ Yes (3)  
\_\_\_\_\_ No (0)

58. Do you frequently have gas?

- \_\_\_\_\_ Yes (3)  
\_\_\_\_\_ No (0)

59. Do you get hungry within three hours of eating meals?

- \_\_\_\_\_ Yes (3)  
\_\_\_\_\_ No (0)

60. Do you crave certain foods like bread, sugar, milk, chocolate, fruit, and red meat if you haven't eaten them in a day or two?

- \_\_\_\_\_ Yes (5)  
\_\_\_\_\_ No (0)

61. Do certain foods or drinks (i.e. spicy or poor fatty foods, coffee, alcohol, chocolate etc.) nauseate, aggravate indigestion?

- \_\_\_\_\_ Yes (5)  
\_\_\_\_\_ No (0)

62. Do you have an excessive appetite or strong sweet cravings?

- \_\_\_\_\_ Yes (5)  
\_\_\_\_\_ No (0)

63. How often do you have indigestion, heartburn or an upset stomach?

- \_\_\_\_\_ Never or rarely (0)  
\_\_\_\_\_ 1-2 times per week (3)  
\_\_\_\_\_ 3 times per week (5)  
\_\_\_\_\_ 3 + times per week (5)

64. Do you experience abdominal pain, cramps or general abdominal discomfort more than once per week?

- \_\_\_\_\_ Yes (20)  
\_\_\_\_\_ No (0)

65. How often do you get a headache after eating?

- \_\_\_\_\_ Never or rarely (0)  
\_\_\_\_\_ 1-2 times per week (3)  
\_\_\_\_\_ 3 + times per week (5)

66. Do your bowel movements alternate between constipation and diarrhea?

- \_\_\_\_\_ Yes (3)  
\_\_\_\_\_ No (0)

67. Do you often feel worse (less energy, sleepy, concentration, foggy head, depressed, headaches, gas, bloating etc.) after eating?

- \_\_\_\_\_ Yes (5)  
\_\_\_\_\_ No (0)





### Section 1: Nutrition & Digestion cont.

68. Do you have less than 2 bowel movements each day?

\_\_\_\_\_ Yes (5)

\_\_\_\_\_ No (0)

70. In general, are your bowel movements loose, hard or foul smelling?

\_\_\_\_\_ Yes (10)

\_\_\_\_\_ No (0)

69. Do you currently have a digestive disorder or frequently have pain in the region above or below the navel?

\_\_\_\_\_ Yes (10)

\_\_\_\_\_ No (0)

71. Do you find that regardless of how much you eat you get hungry quickly?

\_\_\_\_\_ Yes (5)

\_\_\_\_\_ No (0)

**Total Score for Nutrition & Digestion:** \_\_\_\_\_



## Section 2: Stress & Emotions

1. Do you eat more or less when stressed?

\_\_\_\_\_ Yes (10)

\_\_\_\_\_ No (0)

2. Do you worry over job, income or money?

\_\_\_\_\_ Yes (10)

\_\_\_\_\_ No (0)

3. Are any of your relationships causing you stress?

\_\_\_\_\_ Yes (10)

\_\_\_\_\_ No (0)

4. Do you often feel anxious?

\_\_\_\_\_ Yes (5)

\_\_\_\_\_ No (0)

5. Do you often get upset when things go wrong?

\_\_\_\_\_ Yes (5)

\_\_\_\_\_ No (0)

6. Do you feel your sex drive is lower than normal for you?

\_\_\_\_\_ Yes (5)

\_\_\_\_\_ No (0)

7. How would you rate your stress levels most days (10 being the highest)?

\_\_\_\_\_ 1-2 (1)

\_\_\_\_\_ 3-5 (3)

\_\_\_\_\_ 6-8 (5)

\_\_\_\_\_ 9-10 (10)

8. Do you feel stressed due to lack of intimacy in one or more of your relationships?

\_\_\_\_\_ Yes (5)

\_\_\_\_\_ No (0)

9. Have you had reduced contact with friends (feeling antisocial) or an increase in contact because you need to vent your frustrations or stresses to others?

\_\_\_\_\_ Yes (3)

\_\_\_\_\_ No (0)

10. Do you take any form of medication prescribed for related stress in your life or for a psychological disorder?

\_\_\_\_\_ Yes (15)

\_\_\_\_\_ No (0)

11. Do you often feel annoyed or aggressive?

\_\_\_\_\_ Yes (5)

\_\_\_\_\_ No (0)

12. Do you lash out at/take your anger out on others?

\_\_\_\_\_ Yes (5)

\_\_\_\_\_ No (0)

13. Do you feel isolated or lonely?

\_\_\_\_\_ Yes (3)

\_\_\_\_\_ No (0)

14. Do you often feel apathetic?

\_\_\_\_\_ Yes (3)

\_\_\_\_\_ No (0)



## Section 2: Stress & Emotions cont.

15. Do you often feel moody, easily agitated and/or depressed?

\_\_\_\_\_ Yes (5)

\_\_\_\_\_ No (0)

16. Do you often feel irritable and unable to relax?

\_\_\_\_\_ Yes (10)

\_\_\_\_\_ No (0)

17. Do you struggle with automatic negative thoughts ("ANTS")?

\_\_\_\_\_ Yes (10)

\_\_\_\_\_ No (0)

18. Do you feel valued by the people you're closest to?

\_\_\_\_\_ Yes (10)

\_\_\_\_\_ No (0)

19. Do you feel happy with your life right now?

\_\_\_\_\_ Yes (10)

\_\_\_\_\_ No (0)

20. Does your job require you to engage in life-threatening activities?

\_\_\_\_\_ Yes (10)

\_\_\_\_\_ No (0)

21. Do you partake in recreational activities (i.e. hiking, gardening, golf, tennis, skiing etc.)?

\_\_\_\_\_ Yes (0)

\_\_\_\_\_ No (10)

22. Do you have hobbies that you make time for *each week*?

\_\_\_\_\_ Yes (0)

\_\_\_\_\_ No (10)

23. Have you developed healthy skills for stress relief?

\_\_\_\_\_ Yes (0)

\_\_\_\_\_ No (10)

24. Do you miss more than two days of work per year due to illness?

\_\_\_\_\_ Yes (5)

\_\_\_\_\_ No (0)

25. Do you use rigorous exercise (i.e. running, kickboxing, Zumba, weights etc.) to relieve stress?

\_\_\_\_\_ Yes (10)

\_\_\_\_\_ No (0)

26. How would you consider your life to be?:

\_\_\_\_\_ Stress free (0)

\_\_\_\_\_ Mildly stressful (5)

\_\_\_\_\_ Very stressful (10)

**Total Score for Stress & Emotions:** \_\_\_\_\_



### Section 3: Sleep & Energy

1. Do you live in the same time zone you were born in?

\_\_\_\_\_ Yes (0)  
\_\_\_\_\_ No (5)

month?)

2. Do you travel across times zones more than once per month?

\_\_\_\_\_ Yes (10)  
\_\_\_\_\_ No (0)

3. How often do you wake up tired and in need of more sleep?

\_\_\_\_\_ Never or rarely (0)  
\_\_\_\_\_ Once per week (5)  
\_\_\_\_\_ 3 times per week (10)  
\_\_\_\_\_ 3+ times per week (20)

4. Do you often go to bed after 10:30pm?

\_\_\_\_\_ Never (0)  
\_\_\_\_\_ Once per week (5)  
\_\_\_\_\_ 2 times per week (10)  
\_\_\_\_\_ 3 or more times per week (20)

5. Are the times you have bowel movements consistent and predictable on a daily basis?

\_\_\_\_\_ Yes (0)  
\_\_\_\_\_ No (5)

6. Do you fall asleep easily each night?

\_\_\_\_\_ Yes (0)  
\_\_\_\_\_ No (5)

7. Has your sense of hunger changed from being hungry at breakfast (upon rising), lunch (midday) and dinner times (sunset) since moving to a new time zone or traveling across time zones frequently (more than once per

\_\_\_\_\_ Yes (10)  
\_\_\_\_\_ No (0)

8. How often is your sleep disturbed at the same time each night and do you have a hard time falling back to sleep?

\_\_\_\_\_ Never or rarely (0)  
\_\_\_\_\_ Once per week (5)  
\_\_\_\_\_ 3 times per week (10)  
\_\_\_\_\_ 3 + times per week (20)

9. How often do you have a hard time staying awake in the afternoon after eating lunch?

\_\_\_\_\_ Never or rarely (0)  
\_\_\_\_\_ Once per week (5)  
\_\_\_\_\_ 3 times per week (10)  
\_\_\_\_\_ 3+ times per week (20)

10. Do you do shift work that requires staying up late at night/early in the morning?

\_\_\_\_\_ Yes (25)  
\_\_\_\_\_ No (0)

11. Do you have reduced memory since moving to a new time zone or traveling across time zones?

\_\_\_\_\_ Yes (10)  
\_\_\_\_\_ No (0)

12. Do you make time every day for relaxation?

\_\_\_\_\_ Yes (0)  
\_\_\_\_\_ No (10)



### Section 3: Sleep & Energy cont.

13. Do you often feel extremely tired, physically and mentally?

\_\_\_\_\_ Yes (5)

\_\_\_\_\_ No (0)

15. Do you often have a hard time focusing or remembering things?

\_\_\_\_\_ Yes (5)

\_\_\_\_\_ No (0)

14. Do you snack on sweets or drink coffee, soda or sports drinks to boost your energy?

\_\_\_\_\_ Yes (10)

\_\_\_\_\_ No (0)

**Total Score for Sleep & Energy:** \_\_\_\_\_



## Section 5: Exercise & Strength

1. Do you engage in aerobic exercise (i.e. walking, biking, swimming, running, racquet ball, tennis etc.) every week?

\_\_\_\_\_ Yes (0)  
\_\_\_\_\_ No (10)

2. Do you engage in strength training or weight lifting exercises at least three days per week?

\_\_\_\_\_ Yes (0)  
\_\_\_\_\_ No (10)

3. Do you stretch or engage in flexibility exercises (i.e. yoga etc.) every week?

\_\_\_\_\_ Yes (0)  
\_\_\_\_\_ No (10)

4. Do you do core strengthening exercises (i.e. yoga, pilates etc.) every week?

\_\_\_\_\_ Yes (0)  
\_\_\_\_\_ No (10)

5. Do you find you get injured easily doing physical activities?

\_\_\_\_\_ Yes (10)  
\_\_\_\_\_ No (0)

6. Are you able to squat and bend over easily without discomfort?

\_\_\_\_\_ Yes (0)  
\_\_\_\_\_ No (10)

7. Are you able to walk or hike long distances without discomfort?

\_\_\_\_\_ Yes (0)  
\_\_\_\_\_ No (10)

8. Does moderate to intense exercise exhaust you?

\_\_\_\_\_ Yes (10)  
\_\_\_\_\_ No (0)

9. Do your muscles feel sore and/or tight?

\_\_\_\_\_ Yes (10)  
\_\_\_\_\_ No (0)

10. Do your joints feel achy?

\_\_\_\_\_ Yes (10)  
\_\_\_\_\_ No (0)

11. Do you feel that your physical strength has weakened as you've gotten older?

\_\_\_\_\_ Yes (10)  
\_\_\_\_\_ No (0)

12. Do you feel that your physical stamina has decreased as you've gotten older?

\_\_\_\_\_ Yes (10)  
\_\_\_\_\_ No (0)

**Total Score for Exercise & Strength:** \_\_\_\_\_



## Score Chart

Date: \_\_\_\_\_

	Nutrition & Digestion	Stress & Emotions	Sleep & Energy	Exercise & Strength	Total Score
High Priority	356	204	180	120	860
	60	60	60	60	☹️
	40	40	40	40	160
Moderate Priority	30	30	30	30	☹️
	20	20	20	20	80
Low Priority	10	10	10	10	😊
Score Totals					