

Vitality ASSESSMENT

EAT RIGHT

EXERCISE

REST & MANAGE STRESS

REDUCE TOXIC LOAD

INFORMED SELF CARE

✓ Place a checkmark in the box that best applies for each answer. Then at the end of each section, give yourself an overall rating for that area of wellness. Upon completion of your assessment, identify your top health priorities by circling the areas and statements that best represent what you most want to improve.

| EAT RIGHT | Never Me | Seldom Me | Sometimes Me | Often Me | Always Me |
|--|----------|-----------|--------------|----------|-----------|
| I experience a sense of well-being on a daily basis. | | | | | |
| I have adequate energy to "complete the work" of each day. | | | | | |
| I eat healthy, avoiding processed foods, and excessive consumption of stimulants. | | | | | |
| I have energy and vitality throughout the day. | | | | | |
| I eat an 80% plant-based diet, with at least 5 servings of fruits and vegetables daily. | | | | | |
| I have a positive relationship with food, and am rarely bothered by what I eat. | | | | | |
| I am free from food sensitivities. | | | | | |
| I take nutritional supplements regularly. | | | | | |
| I consume "clean" beverages, avoiding soda, energy, or other commercial drinks. | | | | | |
| I consume little to no alcohol. | | | | | |
| I am well hydrated with adequate daily water consumption for my body weight. | | | | | |
| I have a healthy gut. | | | | | |
| My digestive and intestinal systems function well. | | | | | |
| My digestion is rarely uncomfortable. | | | | | |
| I feel satisfied when I eat. | | | | | |
| My breath is tolerable. | | | | | |
| If I have children, they are consuming nutritional supplements regularly. | | | | | |
| Consider your above results. On a scale of 1-10, how would you rate yourself overall in this area of wellness and lifestyle? (1 being the lowest, 10 being the highest) | | | | | |

| EXERCISE | Never Me | Seldom Me | Sometimes Me | Often Me | Always Me |
|--|----------|-----------|--------------|----------|-----------|
| I exercise regularly or am active for 30 mins. at least 5 days per week. | | | | | |
| I engage in strength training. | | | | | |
| I live free of aches and pains. | | | | | |
| I move with ease. | | | | | |
| I feel fit and have endurance during activity. | | | | | |
| I breathe freely. | | | | | |
| I recover from activity quickly. | | | | | |
| I maintain my energy through the afternoon. | | | | | |
| I use natural solutions to relieve occasional discomfort due to activity. | | | | | |
| I am at my ideal weight. | | | | | |
| I maintain my weight with ease. | | | | | |
| My cravings and appetite are under control. | | | | | |
| Consider your above results. On a scale of 1-10, how would you rate yourself overall in this area of wellness and lifestyle? (1 being the lowest, 10 being the highest) | | | | | |

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| REST & MANAGE STRESS | Never Me | Seldom Me | Sometimes Me | Often Me | Always Me |
|--|----------|-----------|--------------|----------|-----------|
| I fall asleep easily. | | | | | |
| I stay asleep. | | | | | |
| My sleep is restful and satisfying and I awake feeling rested. | | | | | |
| I am balanced emotionally. | | | | | |
| I handle stress with ease, rarely stressed out or anxious. | | | | | |
| I recover quickly from stressful situations. | | | | | |
| I maintain healthy, happy moods most of the time. | | | | | |
| I am rarely overwhelmed and get things done. | | | | | |
| I am free of excess worry or doubt. | | | | | |
| I am free of excess agitation or irritation. | | | | | |
| I am motivated and engage in the activities of my day with ease and enthusiasm. | | | | | |
| I experience passion for life and its activities on a regular basis. | | | | | |
| I live with self-confidence. | | | | | |
| I am trusting of myself and most situations. | | | | | |
| Consider your above results. On a scale of 1-10, how would you rate yourself overall in this area of wellness and lifestyle? <i>(1 being the lowest, 10 being the highest)</i> | | | | | |

| REDUCE TOXIC LOAD | Never Me | Seldom Me | Sometimes Me | Often Me | Always Me |
|--|----------|-----------|--------------|----------|-----------|
| I engage in routine internal body cleansing/detoxification. | | | | | |
| I use toxin-free products for my hair, skin, hand, and body care. | | | | | |
| I use toxin-free products for my face care and makeup. | | | | | |
| I use toxin-free products for my oral care. | | | | | |
| I use toxin-free products in my kitchen and to clean my home. | | | | | |
| I use toxin-free air purifying/freshening products. | | | | | |
| I use toxin-free laundry products. | | | | | |
| I use toxin-free products in my yard care. | | | | | |
| I eat primarily organic quality food. | | | | | |
| I use organic products to flavor my food. | | | | | |
| I experience healthy intestinal elimination daily. | | | | | |
| I have clear skin. | | | | | |
| I am free from chemical sensitivities. | | | | | |
| My body aroma is favorable. | | | | | |
| I drink pure water. | | | | | |
| I have limited exposure to electromagnetic devices [cell phone, computer, TV, etc.] | | | | | |
| Consider your above results. On a scale of 1-10, how would you rate yourself overall in this area of wellness and lifestyle? <i>(1 being the lowest, 10 being the highest)</i> | | | | | |

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| INFORMED SELF CARE | Never Me | Seldom Me | Sometimes Me | Often Me | Always Me |
|---|----------|-----------|--------------|----------|-----------|
| I have a daily supplemental routine for cellular health maintenance. | | | | | |
| I have a daily supplemental routine for immune health maintenance. | | | | | |
| I am prepared for life's little emergencies and carry natural solutions on my person. | | | | | |
| I use toxin-free solutions for outdoor and first aid needs. | | | | | |
| I engage in targeted support for my body's specialized needs with natural solutions. | | | | | |
| My body systems: | | | | | |
| I have a strong immune system and resist getting sick. | | | | | |
| I am resilient and recover quickly from immune stress. | | | | | |
| I have a strong structural system. | | | | | |
| I have a healthy urinary system. | | | | | |
| I maintain healthy breathing throughout the seasons. | | | | | |
| I avoid smoking or vaping. | | | | | |
| My air quality is good [not regularly exposed to airborne toxins or excessive pollution]. | | | | | |
| I have healthy hair, skin, and nails. | | | | | |
| I have a strong nervous system. | | | | | |
| My decision-making and problem-solving capacities are high functioning. | | | | | |
| My mental focus, clarity, and memory are quick and sharp. | | | | | |
| I have normal hearing and eyesight. | | | | | |
| I have healthy circulation. | | | | | |
| I maintain a normal body temperature. | | | | | |
| I have healthy reproduction, sex drive, and, for women, menstruation. | | | | | |
| I feel hormonally balanced. | | | | | |
| For men, I do not experience nighttime urination. | | | | | |
| Consider your above results. On a scale of 1-10, how would you rate yourself overall in this area of wellness and lifestyle? (1 being the lowest, 10 being the highest) | | | | | |



"Wellness is a choice to assume responsibility for the quality of your life...exercise and fitness; nutrition; stress management; critical thinking; meaning and purpose, or spirituality; emotional intelligence; humor; play; and effective relationships."

**-Dr. Don B. Ardell,
Founder of Modern-day Wellness Movement**

