

Vitality Assessment

Name:

Date:

Eat Right	Exercise	Rest & Manage Stress	Reduce Toxic Load	Informed Self Care
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Place a check mark in the box for each answer that applies.

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 digestion and elimination is rarely uncomfortable.					
Regardless of what I eat, I rarely experience heartburn, indigestion, gas, or bloating.					
Regardless of what I eat, I rarely experience constipation or diarrhea.					
I feel satisfied after I eat a reasonable meal, not continuing to crave food afterwards.					
My breath is tolerable.					
If I have children, they are consuming nutritional supplements regularly.					
Now, rate yourself overall in this area on a scale of 1-10 <i>(1 being the lowest, 10 being the highest)</i>					

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 and/or weight training at least 3 times a week.					
I live free of aches and pains.					
I move with ease throughout my day and during physical activity.					
I feel fit and have energy and endurance during physical activity.					
I breathe freely when physically active.					
I recover from physical activity quickly, with some energy remaining afterwards.					
I maintain my energy through the afternoon hours of each day.					
I use natural solutions to relieve occasional muscular discomfort due to activity.					
I am at my ideal weight.					
I maintain my weight with ease.					
My cravings and appetite are under control. I don’t under or over eat.					
Now, rate yourself overall in this area on a scale of 1-10 <i>(1 being the lowest, 10 being the highest)</i>					

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Eat Right

Exercise

Rest & Manage Stress

Reduce Toxic Load

Informed Self Care

REST & MANAGE STRESS	Never Me	Seldom Me	Sometimes Me	Often Me	Always Me
I fall asleep easily.					
I stay asleep throughout the night.					
My sleep is restful and satisfying and I awake feeling rested.					
I feel and act balanced emotionally.					
I handle stress with ease, and am rarely stressed out or anxious.					
I recover quickly from stressful situations.					
I maintain healthy, happy moods most of the time.					
I am rarely overwhelmed, am able to focus and concentrate, and get things done.					
I am free of excess worry or doubt, and am not prone to overthinking things.					
I am free of excess agitation or irritation and can adapt quickly to interruptions or changes.					
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 consistent basis.					
I live with self-confidence and do not require excessive reassurance.					
I am trusting of myself and feel safe and capable to navigate or participate in most situations.					
Now, rate yourself overall in this area on a scale of 1-10 <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 through diet, supplements, and programs.					
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 teeth/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 for my yard care.					
I eat primarily organic quality food.					
I use organic products to flavor my food.					
I experience healthy intestinal and urinary elimination throughout each day.					
I have clear skin on my face and body parts, free from breakouts.					
I am free from chemical or food sensitivities.					
My body aroma is favorable and I perspire in a healthy way.					
I drink pure or purified water.					
I have limited exposure to electromagnetic devices [cell phone, computer, TV, etc.].					
Now, rate yourself overall in this area on a scale of 1-10 <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 supplement daily with abundant sources of antioxidants for cellular health.					
I target my immune health as part of my daily supplement routine.					
I am prepared for life's little emergencies and carry natural solutions on my person.					
I use toxin-free solutions when outdoors (e.g., sun, insects) and for first aid needs.					
I use targeted natural solutions/supplements for my body's specialized needs.					
My Body Systems:					
I have a strong immune system and naturally resist getting sick.					
I am resilient and recover quickly from immune stress.					
I have strong muscular and skeletal systems.					
I have a healthy urinary system. My urine is a healthy color and aroma.					
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. My skin is clear, free from breakouts, spots, or dry patches.					
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 experience normal hearing and eyesight. I do not require aids or glasses.					
I have healthy circulation and maintain healthy body temperature in my extremities.					
I maintain a normal body temperature, including during nighttime sleep.					
I have healthy reproduction, sex drive, and, for women, menstruation.					
I feel hormonally balanced. I stay even keeled throughout a monthly cycle.					
For men, I do not experience nighttime urination.					
Now, rate yourself overall in this area on a scale of 1-10 (1 being the lowest, 10 being the highest)					



Record your ratings from each section.

Based on your answers above, 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. _____