

# Evaluate Your Quality of Life

To derive the greatest benefit, be sure your marks accurately reflect your situation.

On a scale of 0 to 10 where 10 is "ideal" I rate my current state of health as: 1 2 3 4 5 6 7 8 9 10

Unless a number is specified, please rate each entry as follows:

No, never true • 0    Seldom true • 1    Now and then true • 2    Often true • 3    Yes, always true • 4

1	I seldom, if ever get colds or the flu.		14	I have an enthusiastic "Can Do" attitude.	
2	To perform my daily activities, my energy is balanced, steady and ample.		15	I feel healthy and energetic and have no symptoms of illness or disease.	
3	I am free of skin challenges such as dandruff, rashes, itching, etc.		16	I deal easily with life's challenges & activities.	
4	I don't need coffee, tea, pop or other stimulant to keep me going.		17	I sleep soundly and wake up invigorated and get up right away.	
5	I enjoy meals without the common " <b>after meal energy drop</b> " and I digest food without gastric upset or bloating.		18	I am free from the use of tobacco, alcohol, sugar or other addictive substances.	
6	I am free of auto-immune and/or age-related health challenges.		19	I am totally free of discomfort in my hands, feet, back and joints.	
7	My hands and wrists are without discomfort and fully 100% functional.		20	I am free of discomfort due to past injuries.	
8	My feet and ankles are without discomfort and fully 100% functional.		21	I am comfortable with my shape and weight.	
9	Enter <b>4</b> if you are free of blood pressure (BP) concerns. Enter <b>2</b> if you have taken BP meds for fewer than 2 yrs and enter <b>0</b> if you have taken BP medication for more than 2 yrs.		22	Enter <b>4</b> if you are free of cholesterol (C) concerns. Enter <b>2</b> if you have taken C meds for fewer than 2 yrs and enter <b>0</b> if you have taken C medication for more than 2 yrs.	
10	<b>Females only</b> - My cycle is/was without discomfort, irritability or PMS. My menopause is/was easy, uneventful, without hot flashes or irritability.		10	<b>Males only</b> If your age is less than 20 enter a 4 If your age is 20 - 40 enter a 3 If your age is 40 - 60 enter a 2 If your age is greater than 60 enter a 1	
11	I take " 0 " 1-5 " 6 or more prescribed and/or "over the counter" drugs and/or preparations per day. <b>Enter 4 if zero 2 if 1-5 0 if 6 or more.</b>		23	I manage stress without undue tension and upsets.	
			24	I am happy, positive and feel well 99% of the time.	
12	I walk for 30 minutes - 4 times per week.		25	I take dietary supplements daily.	
13	I am free of cramps, headaches, neck, back and shoulder discomfort. I'm free of stiffness after physical activity/exercise.		To find your score, add the numbers and insert		<b>____/100</b>

Remarks: