

WHAT'S YOUR *Health* SCORE?

Use this questionnaire to rate your current health, with 1 being you strongly disagree with the statement and 5 being you strongly agree. Indicate your rating by selecting the corresponding fields. Your final score is the sum total of each question's score (rating).

Tired most of the time

1 2 3 4 5

Overweight

1 2 3 4 5

Difficulty sleeping

1 2 3 4 5

Low or depressed

1 2 3 4 5

Prone to hormonal symptoms

1 2 3 4 5

Suffering from poor memory or concentration

1 2 3 4 5

Very dry skin in need of daily moisturisers

1 2 3 4 5

Often feeling anxious or stressed

1 2 3 4 5

Prone to indigestion or bloating after food

1 2 3 4 5

Often constipated (you don't go every day)

1 2 3 4 5

WHAT'S YOUR *health* SCORE?

Target: 16 or less



WHAT'S YOUR *Energy* & *Blood Sugar* SCORE?

Use this questionnaire to rate your current health, with 1 being you strongly disagree with the statement and 5 being you strongly agree. Indicate your rating by selecting the corresponding fields. Your final score is the sum total of each question's score (rating).

I often feel too tired to exercise

1 2 3 4 5

I often over-react to stress

1 2 3 4 5

I have less energy than I used to

1 2 3 4 5

I still feel tired 20 minutes after getting up

1 2 3 4 5

I need tea, coffee, a cigarette or something sweet to get me going in the morning

1 2 3 4 5

I often crave chocolate, sweet foods, bread, cereal or pasta

1 2 3 4 5

I often have energy slumps during the day or after meals

1 2 3 4 5

I often crave something sweet or coee after meals

1 2 3 4 5

I often have mood swings or diculty concentrating

1 2 3 4 5

I get dizzy or irritable if I go 4-6 hrs without food

1 2 3 4 5

I am gaining weight and/or finding it harder to lose weight

1 2 3 4 5

WHAT'S YOUR *energy & blood sugar* SCORE?

Target: 16 or less

