

First Name: _____ Last Name: _____

Phone# _____ E-Mail Address: _____

This gauge will help determine if you are toxic or deficient in areas of your lifestyle-or-pure and sufficient. It will generate a score to if your lifestyle is balanced and highlight areas for improvement or praise.

Would you like your "Wellness Score" emailed to you? Yes ___ No ___

Would you like you like corresponding articles/journal articles emailed to you? Yes ___ No ___

Would you like to be contacted to discuss items that improve your health and Wellness? Yes ___ No ___



Wellness Lifestyle Gauge



- ___ I received regular Chiropractic Checkups
- ___ I exercise to specifically strengthen my "Core"
- ___ I have good posture while sitting
- ___ I utilize an ergonomic workstation
- ___ I take frequent breaks to exercise/stretch
- ___ I have hobbies that require physical exertion
- ___ My workstation/car is ergonomic
- ___ I take the stairs when possible
- ___ I often walk to work/school/ (min. ___ day)
- ___ I engage in Resistant training 2-3 times/week
- ___ I engage in flexibility, stretches, & agility daily
- ___ I do a form of Aerobic activity daily (at least 45 min. 5-7X week)

- ___ I spend Long periods of Sitting (___ hrs./day)
- ___ I commute in car 30+ min per day
- ___ I keep my wallet in my back pants pocket
- ___ I read with my head flexed forward
- ___ I carry bags on one shoulder
- ___ I sleep on my stomach
- ___ I watch TV (_____ hrs/day)
- ___ I perform repetitive activity with arms
- ___ I have poor posture during any activity
- ___ I type on computer/laptop 30+ minutes/day
- ___ I often find myself standing with weight on one foot

- ___ I eat fresh Organic fruits & vegetables
- ___ I eat Hormone/Nitrate free meats
- ___ I eat a fresh fruit or vegetable w/every meal
- ___ I drink clean bottled/distilled water
- ___ I drink fresh squeezed Vegetable Juice
- ___ I eat 5 small meals per day
- ___ I rarely ever feel guilty of what I eat
- ___ I have a sufficient Omega 3 intake
- ___ I eat primarily Healthy Fats (nuts, seeds, avocados, cold water fish)
- ___ I eat primarily home packed lunches and home made dinners

- ___ I eat fried foods (fries, donuts, chips)
- ___ I eat processed & Non-fiber Carbohydrates
- ___ I drink caffeine (2+cups coffee/day)
- ___ I consume added Salt (Sodium)
- ___ I often consume MSG
- ___ I frequently consume Fructose/Corn Syrup
- ___ I drink tap water
- ___ I drink Sodas or Energy Drinks(_____ day)
- ___ I eat Refined Sugars (Candy, cookies)
- ___ I eat Trans-Fatty Acids (Partially/Hydrogenated Fat)
- ___ I consume Artificial Sweeteners (SweetNLow/Splenda/Aspartame)

- ___ I consider myself Optimistic
- ___ I have a positive Self Image
- ___ I have a defined life purpose
- ___ I practice positive visualization
- ___ I write down goals and revisit them
- ___ I set time aside each day to relax or meditate
- ___ I can persistently maintain close relationships
- ___ I take vacations and time for pleasure and fun
- ___ I have a form of spirituality
- ___ I find myself more grateful than wanting
- ___ I have the ability to adapt to changing conditions

- ___ I often get stressed or upset with news
- ___ I work in a stressful work environment
- ___ I often experience road rage
- ___ I have long standing resentment or a grudge
- ___ I do not sleep well, cannot turn brain off
- ___ I experienced bouts of depression or fatigue
- ___ I do not feel in control of my life or health
- ___ I rarely take time out for myself
- ___ I often use the words "I can't..."
- ___ I have had one/more significant negative life events and still recollect it/them frequently