## READY TO LIVE YOUR BEST LIFE?

## IT'S TIME TO TAKE CHARGE OF YOUR HEALTH IN AN INTEGRATED WAY.

Take this 2-minute assessment to find out exactly where to start.

| Question 1: On a scale of 1-10, how good    |
|---|
| do you feel after you eat (are you bloated, |
| irritated, feel lethargic, and/or have gas  |
| after you eat?)                             |

Question 2: On a scale of 1-10, how happy are you with your weight and your body fat to muscle composition?

Question 3: On a scale of 1-10, how rested do you feel when you wake up?

Question 4: On a scale of 1-10, how do you rate your energy in the middle of the day (need naps, caffeine, or pick me up food)?

Question 5: On a scale of 1-10, how often do you find yourself worrying and feeling anxious?

Question 6: On a scale of 1-10, how often do you feel irritated and angry with others?

Question 7: On a scale of 1-10, how much pain or stiffness are you in throughout the day or during and after workouts?

Question 8: On a scale of 1-10, how would you rate your improvement/progression with your performance/workouts?

|    | 1                   | 2  | 3        | 4                                | 5                                 | 6 | 7                     | 8                     | 9                    | 1       | 0                 |  |
|----|---------------------|--|----------|----------------------------------|-----------------------------------|---|-----------------------|-----------------------|----------------------|---------|-------------------|--|
|    |                     | NEVER! ABOUT THREE DAYS A WEEK.                    |          |                                  |                                   |   |                       |                       |                      |         |                   |  |
|    |                     |  |          |                                  |                                   |   |                       |                       |                      |         |                   |  |
|    |                     | _  |          |                                  | _                                 |   | _                     |                       |                      |         | _                 |  |
|    | ←                   | 2  | 3        | 4                                | 5                                 | 6 | /                     | 8                     | 9                    | 1       | $\xrightarrow{0}$ |  |
|    |                     | NEVER!   |          | 4 5 6 7 ABOUT THREE DAYS A WEEK. |                                   |   |                       | I LOVE MY BODY!       |                      |         |                   |  |
|    | 1                   | 2  | 3        | 4                                | 5                                 | 6 | 7                     | 8                     | 9                    | 1       | 0                 |  |
| •  |                     | NEVER!   |          | 4 5 6 7 ABOUT THREE DAYS A WEEK. |                                   |   |                       | I AI WAYS FFFI RESTER |                      |         |                   |  |
|    |                     |  |          |                                  |                                   |   |                       |                       |                      |         |                   |  |
| ١. | _1                  | 2  | 3        | 4                                | 5                                 | 6 | 7                     | 8                     | 9                    | 1       | 0                 |  |
| ·  | I'M .               | 2 3 4 5 6 7 ALWAYS TIRED. ABOUT THREE DAYS A WEEK. |          |                                  |                                   |   | I'M ALWAYS ENERGETIC. |                       |                      |         |                   |  |
|    |                     |  |          |                                  |                                   |   |                       |                       |                      |         |                   |  |
|    | 1                   | 2  | 3        | 4                                | 5                                 | 6 | 7                     | 8                     | 9                    | 1       | 0                 |  |
|    | I'M ALWAYS ANXIOUS. |  |          |                                  | 4 5 6 7 ABOUT THREE DAYS A WEEK.  |   |                       |                       | I'M NEVER ANXIOUS.   |         |                   |  |
|    |                     |  |          |                                  |                                   |   |                       |                       |                      |         |                   |  |
|    | 1                   | 2  | 3        | 4                                | 5                                 | 6 | 7                     | 8                     | 9                    | 1       | 0 _               |  |
|    | I'M ALWAYS ANGRY.   |  |          |                                  | 4 5 6 7  ABOUT THREE DAYS A WEEK. |   |                       |                       | I'M NEVER ANGRY.     |         |                   |  |
|    |                     |  |          |                                  |                                   |   |                       |                       |                      |         |                   |  |
| _1 |                     | 2  | 3        | 4                                | 5                                 | 6 | 7                     | 8                     | 9                    | 1 0     | )<br>             |  |
| 1  | 'M ALW              | 'AYS STIFF,  | IN PAIN. | A                                | ABOUT THREE DAYS A WEEK.          |   |                       | 1'1                   | 1 NEVER S            | TIFF/IN | PAIN.             |  |
|    | 1                   | 2  | 3        | 4                                | 5                                 | 6 | 7                     | 8                     | 9                    | 1       | 0                 |  |
|    | 1'                  | M STUCK IN   |          | ABOUT THREE DAYS A WEEK.         |                                   |   |                       |                       | I SEE CHANGES DAILY. |         |                   |  |

## READY TO LIVE YOUR BEST LIFE?

## IT'S TIME TO TAKE CHARGE OF YOUR HEALTH IN AN INTEGRATED WAY.

Tally your answers to get your score below! If you scored...

- **8-20** You've just started an incredible journey! You can probably see, feel, and know what parts of your health needs to improve, but an overhaul may seem overwhelming. It would benefit you to break your holistic health down into key categories: sleep, nutrition, movement, and mindset.
- 21-40 You are well on your way to the best you! You're learning about the changes you need to make but turning practices into reasonable habits that fit your lifestyle might be a challenge. You don't just need answers—you need ease in implementing them. Sure, you can see the health benefits, but you can't survive on beet juice and lettuce, either.
- **41-60** You're building up to mastery! You're confident and competent at managing your health, but there are some areas where you still need guidance. Maybe you've plateaued or you still have lingering pain or fat in some part of your body that you just can't shake. You've mastered the basics, but you need the input of an expert who can connect the dots to take things to the next level.
- **61-80** You've almost reached the mountain top—the pinnacle of your own personal health—and, boy, is it great! But, you probably know that just because you've reached near the peak doesn't mean your journey is complete. You don't want to just stay where you're at. You want to keep honing your skills and using what you've learned to continue to fine tune your health and wellness as new discoveries in science and technology are made.