Personal Wellness Analysis

		Yes	No
1.	Do you eat more meals with chicken, fish and tofu rather than steak and other red meats?	❑	❑
2.	Do you eat at least 5 servings (cups) of fresh fruit and vegetables a day?	❑	❑
3.	Do you eat mostly brown rice, whole grain bread and whole meal noodles rather than white rice, white bread and regular noodles?	❑	❑
4.	Do you eat fish at least 3 times a week?	❑	❑
5.	Do you avoid eating fried foods, dressings, sauces, gravy, butter and margarine?	❑	❑
6.	Is your digestive system free from gastric pain and constipation?	❑	❑
7.	Do you get a minimum of 30 minutes exercise 3 times a week?	❑	❑
8.	Do you find it easy to maintain a stable and appropriate weight?	❑	❑
9.	Do you usually have time to prepare balanced meals rather than takeaway or eating out?	❑	❑
10.	Do you resist the urge to eat snack foods throughout the day and after dinner?	❑	❑
11.	Are you free of water retention and bloating?	❑	❑
12.	Do you have the energy you need to get through the day?	❑	❑
13.	Do you drink at least 8 glasses of water per day?	❑	❑
14.	Do you think you are getting your Recommended Nutrition Intake (RNI) of calcium?	❑	❑
15.	Are your blood pressure, blood sugar and cholesterol all in the normal range?	❑	❑
16.	Are you free from sleeping problems such as falling asleep or staying asleep?	❑	❑

Evaluation Number of "No" answers

TOTAL NOs: _____

1 - 2	3 - 6	7 - 10	11 - 14	15 - 16
Optimal Health	Good Health	Average Health	Health at Risk	Health at High Risk

Was this Personal Wellness Analysis interesting for you?

Please circle: (1 = a waste of time, 10 = very interesting): 1 2 3 4 5 6 7 8 9 10

Who do you know who would be interested in a Free Personal Wellness Analysis?

1) Name:_____ Tel:_____ City:_____ Relationship:_____

2) Name:_____ Tel:_____ City:_____ Relationship:_____

3) Name:_____ Tel:_____ City:_____ Relationship:_____

4) Name:_____ Tel:_____ City:_____ Relationship:_____

5) Name:_____ Tel:_____ City:_____ Relationship:_____

Place, Date: Signature: