

Health Assessment:

# YOUR ENERGY & EMOTIONAL HEALTH



This powerful tool can help you determine your body's strengths and weaknesses. It's the perfect starting point for your journey to better health and well-being. Evaluate your health and habits in four categories:

## **MIND AND EMOTIONS**

Your emotional health is deeply connected with your physical health, and emotional issues often manifest themselves in physical ways. It's important to evaluate both physical and emotional aspects to get a full picture of health.

## **ENVIRONMENTAL/PHARMACEUTICAL INFLUENCES**

The air you breathe, the water you drink and the medicines you may take all factor into overall health. Some people battle air pollution daily. Others require frequent medication. These can affect various body systems and reduce health potential.

## **GENERAL HEALTH AND VITALITY**

What are your health tendencies? How do you feel and what kinds of things do you notice on a daily basis? Where do you struggle? You're getting a more complete picture of your health status.

## **DIETARY INFLUENCES**

Don't underestimate the influence that your food and beverage intake have on your health...for better or for worse.

**GET STARTED ON THE NEXT PAGE**

**NATURE'S SUNSHINE®**

**TAKE THE ASSESSMENT**

1. If a concern applies to you, circle all of the numbers in that row.
2. Then total the numbers you have circled in each column.
3. Decide which body system/s you will focus on based on your highest scored columns.

**STEP 1: MIND AND EMOTIONS**

	BODY COMPOSITION	CLEANSING	DETOX	DIGESTIVE	INTESTINAL	CIRCULATORY	NERVOUS	IMMUNE	RESPIRATORY
Generally Stressful Lifestyle		1	1			3	2	2	
Feeling Down, Uninterested or Moody		1	1		1		3		
Poor Concentration or Memory		1	1			2	1		
Frequently Feeling Fearful or Timid							2		
Restless Sleep or Waking up Frequently	1	1	1				1		
Feeling Irritable or Easily Angered						1	1		
Feeling Anxious or Worried				1			3		

**STEP 2: ENVIRONMENTAL/PHARMACEUTICAL INFLUENCES**

Smoking		3	3			3	2	2	5
Recent or Frequent Use of Antibiotics		3	3		2			3	1
Exposure to Air Pollution Daily		2	2					1	2
Drink Chlorinated Water		1	1					1	
Routinely Use Commercial Personal Care Items (soap, shampoo, lotion, toothpaste, etc.)		1	1					1	
Routinely Use OTC Medications/Painkillers		1	1	2					
Routinely Use Prescription Medication		1	1	1					

**STEP 3: GENERAL HEALTH AND VITALITY**

Illness More than Twice a Year		1	1					3	3
Monthly Female Concerns		1	1		1				
Heavy Coating on Tongue				3	1			1	1
Skin/Complexion Problems		1	1		2				
Difficulty Getting to Sleep, Lack of Sleep	3	1	1				1		
Age-Related Health Problems	2	1	1	1		2		1	
Difficulty Maintaining Ideal Weight	5	2	1	1			1		
1 or Fewer Bowel Movements Per Day		3	1	1	3		1		1
Low Sex Drive		1	1			1	1		
Respiratory Concerns					1			1	3
Sore or Painful Joints	2	2	1		1			1	
Lack of Energy or Endurance		2	2			1		2	1
Heavy Mucus Production or Feeling Congested				1	1				2
Cold Hands and Feet						3			
Shallow or Difficult Breathing								1	2
Don't Exercise Regularly	3					2			

**STEP 4: DIETARY INFLUENCES**

Difficulty Digesting Certain Foods		2	2	3				1	
Regularly Consume Alcohol		2	2				1		
Food Allergies		3	2	3				1	2
Consume Sweets More than 3 Times a Week	2	2	2					1	
Body Odor and/or Bad Breath		2	2	1	3				1
Less than 3 Servings of Fruit & Veggies Daily	3	2	2	1	2	1		2	
Excessive Belching or Gas after Meals		2	2	3	1				
Daily Consumption of Dairy Products	3	2	2		2				2
Routinely Eat Refined Grains	3	2	1	1	2	1			
Caffeinated Beverages Daily		2	2				1		
Consume Fried Foods Greater than 3 Times a Week	1	2	2	1		3	1		

**MY TOTAL POINTS BY BODY SYSTEM**

Start by looking at the systems with the highest scores. Choose one or two to focus on first.

*Learn more at [health.naturessunshine.com](http://health.naturessunshine.com)*