

Date: \_\_\_\_\_

Name: \_\_\_\_\_

<b>Lifestyle Factors</b>	<b>Column A (3 points)</b>	<b>Column B (2 points)</b>	<b>Column C (1 points)</b>	<b>Column D (0 points)</b>
<b>Attitude</b>				
What is your overall attitude about life?	Very positive and cheerful	Usually positive and cheerful	Up and down	Very negative and sad
Are you content with your current life situation?	Very content	Somewhat content	Not really content	Not at all content
Are you depressed?	Never	Rarely	Often	Always
<b>Nutrition</b>				
How often do you eat 3 ounces of meat?	Never	A few times per month	Several Times per week	Every day
How often do you use dairy products (milk, eggs, cheese)?	Never	A few times per month	Several times per week	Every day
How many servings of fruit and vegetables (1 serving = 1 medium fruit, 1 C fresh fruit, 1/2 C cooked) do you eat per day?	5-9+	3-4	1-2	None
How many servings of whole grains (1 serving = 1 slice WW bread, 1/2 C brown rice or oatmeal, 2/3 C dry cereal) do you eat per day?	6-11	4-5	1-3	Less than 1
How many servings (1 serving = 1 oz. nuts or seeds, 2 T nut butter) do you eat per week?	5 or more	3-4	1-2	0
How often do you eat a fresh, raw salad (fruit or vegetable)?	Every day	Several times per week	Several times per month	Never
What is your blood cholesterol level?	Total Chol <200 LDL <130+	Total Chol 200–239 LDL 159 – 130	Total Chol 240-300 LDL 160 – 200	Total Chol above 300 LDL above 200
<b>Exercise</b>				
How many days per week do you get 30 or more minutes of vigorous cardiovascular exercise? (like jogging, swimming, active gardening)	5-7 times per week	3-4 times per week	1-2 per week	0 times per week
How often do you do strength building exercises? (like weight lifting, push-ups, sit ups, calisthenics)	2 or more times per week	1 time per week	0 times per week	

<b>PAGE TOTALS:</b>				
How often do you do stretching exercises?	5-7 times per week	3-4 times per week	1-2 per week	0 times per week
What is your blood pressure?	Less than 120/80	120/80 to 139/89	140/90 to 159/99	Above 160/100
What is your BMI?	Less than 25	25-29.9	30-34.9	35 +
<b>Water</b>				
How many 8 ounce glasses of water do you drink every day?	8 or more	5-7	3-4	Less than 3
Do you drink anything with your meals?	Never	Sometimes	Usually	Always
What color is your urine?	Clear	Pale	Yellow	Dark Yellow
Do you use hydrotherapy to improve your immune system and when sick? (like steam bath, hot foot bath, fomentation)	Always	Sometimes	Not Usually	Never
<b>Sunshine</b>				
How many days per week do you spend adequate time in the sun?	5-7 days	3-4 days	1-2 days	0 days
What is your vitamin D level?	Greater than 30 nmol/L	20 – 30 nmol/L	10-19 nmol/L	Less than 10 nmol/L
<b>Temperance</b>				
How would you describe yourself in regard to temperance? (temperance means using good things in moderation and avoiding things that are known to be harmful)	Very temperate	Usually temperate	Struggling with temperance	Not at all temperate
How often do you use alcohol?	Never	Rarely	Often	Every day
How often do you use tobacco?	Never	Rarely	Often	Every day
How often do you use illicit drugs?	Never	Rarely	Often	Every day
How often do you use caffeinated beverages or foods?	Never	Rarely	Often	Every day
What is your relationship to morphine and similar narcotic drugs?	Never use	Rarely use	Often use	Use Everyday
<b>Air</b>				
How often do you do deep breathing exercises?	Every day	Several times per week	Several times per month	Never
Do you use air filtration in your home? (plants or machine)	Yes			No

<b>PAGE TOTALS</b>				
<b>Rest</b>				
How often do you get 7-8 hours of sleep per night?	Every night	Almost every night	3-4 nights per week	Less than 3 nights per week
How would you describe your stress levels?	Deal well with stress	Usually deal well with stress	Struggle to deal with stress	Stressed out
How often do you take at least one day off per week?	Every week	Almost every week	2 – 3 times per month	Once per month or less
<b>Trust in God</b>				
How would your describe your trust in God?	Excellent	Good	Week	Poor
<b>Page Totals</b>				
<b>Grand Total (Columns A thru D)</b>				

**Scoring:**

- 87-99 - Very Good
- 74-86 - Good
- 61-73 - Needs Improvement
- Below 60 – High Risk for Chronic Disease

**To Improve Your Score:**

Watch all NINE of the videos from the Laws of Health Series on our website and implement the concepts suggested by Dr. Bivens.

Faithfully incorporate these positive habits into your life for 8-10 weeks and redo this assessment. We are confident that your score and overall health will improve.

If you have any questions along the way please contact us using the contact us page on the website.