

Please circle where you feel your current health is in each vertical column Date: _____

		ENERGY LEVELS	ABILITY TO HANDLE STRESS	QUALITY OF SLEEP	PHYSICAL HEALTH & SYMPTOMS	MENTAL/EMOTIONAL STATE
+10	OPTIMAL	Vibrant & energetic	Extremely adaptable to stress	Optimal sleep	Peak physical health	Joy & happiness, zest for life, can't wait to get up in the morning
+8	EXCELLENT	High energy	Handle stress well	Excellent sleep	Feel good, strong & flexible	Positive & happy most of the time, clear thinking, good memory
+6						
+4	GOOD	Up & down energy	Up & down stress	Good sleep	Occasional ups & downs, feel good and strong most of time	Feel good, slight amount brain fog & memory trouble
+2						
0	COMFORT ZONE	OK energy	Average stress	Moderate sleep	Feel OK, occasional minor pain	Emotional ups & downs, "normal" brain fog & memory trouble
-2	FAIR	Tired	Moderate stress	Fair sleep	Constant aches, pains, & symptoms	Slight depression or anxiety, irritable
-4	POOR	Fatigued	Extremely stressed	Poor sleep	Chronic disease and occasional acute episodes	Moderate depression or anxiety
-6						
-8	AWFUL	Exhausted	Can't cope	Severe insomnia	Serious Chronic disease & illness, frequent acute episodes	Serious depression or anxiety
-10						