



New Steps to Health Conference 2014

Living Healthy, Living Well

Health Awareness Evaluation

I _____ give Dr. Errol Bryce permission to store, track and publish my medical information and progress as part of the research process.

Address _____

Phone Number _____

Email: _____

Height _____

Current Weight _____

Current BMI _____ Normal, 19-25

Waist Circumference _____ Avg. Female, under 32; Avg. Male, under 37

Total Cholesterol <200 _____

LDL Bad Cholesterol < 100 _____

Fasting Glucose <100 _____

hs C-Reactive Protein < 1 _____

Blood Pressure < 120/80 _____

Reaction to Stress (Check One) Calm Trusting Anxious Worried Angry

10 Questions: to Assess Your Present and Past Relationship to Diet

Questionnaire adapted from "The Pleasure Trap" by Douglas J. Lisle, Ph.D. & Alan Goldhamer, D.C.

Instructions: Please select the statement that best describes your relationship to each issue below, noting the points associated with each answer. To determine your personal score, total your points and compare them to the table at the end of the quiz. The higher your score, the greater will be your chance of achieving your health goals. Individuals who are attempting to recover their health or who are serious about maintaining optimum health should strive to score above 80 points.

1. **Recreation Drug Use** (marijuana, cocaine, heroin, methamphetamines, etc.)

- 10 Never used recreational drugs
- 8 No recreational drug use for more than 10 years and only occasional use in the past
- 6 No recreational drug use for more than 10 years and moderate use (less than once a month) in the past
- 4 No recreational drug use for more than 10 years but regular use in the past
- 2 No recreational drug use for more than 5 years
- 10 Occasional recreational drug use less than 12 times per year
- 12 Regular recreational drug use 12 or more times per year

2. **Cigarette Use**

- 10 Never
- 8 None for more than 10 years
- 6 None for more than 5 years
- 4 None for more than 1 year
- 2 None for less than 1 year
- 2 Occasional cigarette
- 4 1-4 cigarettes per day
- 6 5-10 cigarettes per day
- 10 11-19 cigarettes per day
- 20 20-39 cigarettes per day
- 30 More than 40 cigarettes each day

3. **Alcohol Use** (12 oz. beer, 4oz. wine, or 1 oz. hard liquor- Please select.)

- 10 Never
- 9 None for more than 10 years
- 8 None for more than 5 years
- 7 None for more than 1 year
- 6 None for less than 1 year
- 5 Less than 1 drink per week
- 3 1-2 drinks per week
- 2 3-6 drinks per week
- 1 1 drink per day
- 0 2 drinks per day
- 5 3-5 drinks per day
- 10 Over 5 drinks per day

4. Meat Consumption (3-4 oz. per serving of any flesh including fish and fowl)

- 10 Never
- 9 0 cholesterol/plant-based diet for more than 10 years
- 8 0 cholesterol/plant-based diet for more than 5 years
- 7 0 cholesterol/plant-based diet for more than 1 year
- 6 0 cholesterol/plant-based diet for more than 6 months
- 5 0 cholesterol/plant-based diet for less than 6 months
- 4 Less than 2 servings a day
- 3 2-3 servings per week
- 1 4-14 servings per week
- 0 More than 14 servings per week

5. Dairy products and eggs (serving=1 egg or 8 oz. milk, 4 oz. yogurt or ice cream, or 2 oz. cheese)

- 10 Never
- 9 None for more than 10 years
- 8 None for more than 5 years
- 7 None for more than 1 year
- 6 None for more than 6 months
- 5 None for less than 6 months
- 4 1-2 servings per week
- 2 3-4 servings each week
- 1 5-14 servings each week
- 0 More than 14 servings per week

6. Fried Foods and Heated Oils

- 10 Never use heated oils or fried foods
- 9 Rarely (less than once each month)
- 6 Occasionally (1-4 times each month)
- 3 Regularly (2-4 times each week)
- 0 Frequently (5-6 times each week)
- 5 Daily (7 or more servings each week)

7. Salt Consumption

- 10 Less than 2,000 mg of salt per day (I never add salt, and avoid all processed foods.)
- 6 Less than 3,000 mg of salt per day (I never add salt and avoid most processed foods.)
- 3 More than 3,000 mg of salt per day (I never add salt but regularly include processed foods containing more than 1 mg sodium/calorie)
- 0 3,000-4,000 mg of salt per day (I add salt to my food and regularly include processed foods containing more than 1 mg sodium/calorie)
- 5 More than 4,000 mg of salt per day (I add salt and include high-sodium processed foods and/or fast foods)

3. **Refined Carbohydrates** (white flour and sugar products)

- 10 Never
- 9 Rarely (less than once per month)
- 8 Occasionally, (1 time per week)
- 5 Regularly (5-6 times per week)
- 2 Frequently (5-6 times per week)
- 0 Daily (7 or more servings per week)

4. **Sleep**

- 10 More than 8 hours sleep - wake feeling refreshed
- 9 7-8 hours of sleep, and wake feeling refreshed
- 5 6-7 hours or any amount of sleep and wake feeling tired
- 2 4-6 hours sleep
- 10 Less than 4 hours sleep

5. **Exercise**

- 10 More than 5 times a week aerobic exercise for more than 40 minutes
- 9 5 times per week aerobic exercise for more than 40 minutes
- 8 4 times per week aerobic exercise for more than 20-40 minutes
- 7 3 times per week aerobic exercise for more than 20-40 minutes
- 5 2 times per week aerobic exercise for more than 20-40 minutes
- 3 Once per week aerobic exercise for more than 20-40 minutes
- 0 No aerobic exercise

Score Interpretation

- 80-100 Congratulations, you have a health-promoting diet and lifestyle. Keep it up!
- 60-79 Better than average with substantial room for improvement.
- 40-59 Implement the strategies from the 40-Day Transformational Challenge to prevent problems in the future.
- 20-39 You are not functioning at your peak potential and your health is at risk.
- 1-19 Seek professional assistance to modify your diet and lifestyle habits immediately.
- 0 or less Make sure your insurance premiums are paid and your affairs are in order.