

## WEIGHT MANAGEMENT ASSESSMENT

Developing a Habit of Health, a strong foundation through complete daily nutrition, is the core to any weight loss program. But we all know various challenges can create hurdles, making weight loss a struggle. This assessment will help you troubleshoot some possible hurdles and suggests nutrients you can use to overcome them.

### Directions:

Please circle the appropriate number based on your current diet and struggles to evaluate your needs. When complete, add points for each section to see your top 2-3 areas that may need additional support.

0 = never, 1 = rarely, 2 = occasionally, 3 = moderately, 4 = frequently, 5 = always

### 1. APPETITE

I eat crackers, bread and white flour	0 1 2 3 4 5
Hungry all the time	0 1 2 3 4 5
Not satisfied after eating	0 1 2 3 4 5
Crave carbohydrates	0 1 2 3 4 5
Lack of protein in the morning	0 1 2 3 4 5
<b>Total</b>	

### 2. METABOLISM

Slow metabolism/low body temperature (Below 97.8)	0 1 2 3 4 5
Tiredness followed by eating the wrong foods	0 1 2 3 4 5
Difficulty losing weight	0 1 2 3 4 5
Lack of exercise	0 1 2 3 4 5
Hormone problems	0 1 2 3 4 5
<b>Total</b>	

### 3. BLOOD SUGAR BALANCE/SNACKING

Crave sugar/sweets	0 1 2 3 4 5
Muddled thinking	0 1 2 3 4 5
Sleeping difficulties	0 1 2 3 4 5
Afternoon slump	0 1 2 3 4 5
Feel nervous/anxious	0 1 2 3 4 5
<b>Total</b>	

### 4. CLEANSING/DIGESTION

Less than 2-3 bowel movements daily	0 1 2 3 4 5
Bloating, belching or gas	0 1 2 3 4 5
Coating on tongue	0 1 2 3 4 5
Cravings	0 1 2 3 4 5
Full feeling under ribcage	0 1 2 3 4 5
<b>Total</b>	

### 5. EMOTIONAL/STRESS

Anxious	0 1 2 3 4 5
Always thinking about food	0 1 2 3 4 5
Emotional storms calmed by food	0 1 2 3 4 5
Start diet over and over again	0 1 2 3 4 5
Disorganized, impulsive behavior	0 1 2 3 4 5
<b>Total</b>	

### 6. ENERGY/HORMONES

Tired all the time	0 1 2 3 4 5
Emotionally sensitive	0 1 2 3 4 5
Nervous, anxious	0 1 2 3 4 5
Stressed, overwhelmed	0 1 2 3 4 5
Loss of libido	0 1 2 3 4 5
<b>Total</b>	

### 7. WATER/HYDRATION

I drink less than ½ my weight in ounces of water daily	0 1 2 3 4 5
I have back stiffness	0 1 2 3 4 5
Puffiness under the eyes	0 1 2 3 4 5
Sore joints	0 1 2 3 4 5
<b>Total</b>	

### Now let's look at your scores!

Start with your highest scores to evaluate support products to add to your individualized weight loss solution.