

5 Essentials Assessment

Name: _____

Date: _____

Please answer the following questions about each Essential so we can help you focus your efforts.

1. Essential 1- Maximized Mind



- On a scale of 1-5, how would you rate your time management? 1 2 3 4 5
- Do you get more than 7 hours of sleep each night? YES NO
- Do you focus more on the urgent or the long-term priorities in life? _____
- Do you find it hard to stick with a nutrition plan because of “addictions” to certain foods? YES NO
- Rate your self-confidence as it applies to health. 1 2 3 4 5
- What is your overall Essential 1 rating? 1 2 3 4 5

2. Essential 2- Maximized Nerve Supply



- Rate your consistency with your appointments 1 2 3 4 5
- Rate your consistency with your home therapies 1 2 3 4 5
- When you come in the office, do you focus on pain or healing? _____
- What is your overall Essential 2 rating? 1 2 3 4 5

3. Essential 3- Maximized Quality Nutrition



- Do you drink soda? YES NO
- How many servings of fruits and vegetables do you consume on a daily basis? _____
- How many times a week do you eat fast food? _____
- How many times a week do you eat grains (pasta, rice, bread)? _____
- What is your overall Essential 3 rating? 1 2 3 4 5

4. Essential 4- Maximized Oxygen and Lean Muscle



- Rate your energy level by the end of the day (1=low, 5=high) 1 2 3 4 5
- Rate your satisfaction with how you look in your underwear 1 2 3 4 5
- How many times per week do you get your heart rate up? _____
- Do you participate in surge training (AKA burst, high intensity interval training, tabata, etc.)? YES NO SOMETIMES
- What is your overall Essential 4 rating? 1 2 3 4 5

5. Essential 5- Minimized Toxins



- How many medications are you on? _____ For what? _____
- Have you received the flu vaccine? YEARLY IN THE PAST NEVER
- Do you use conventional household cleaning products? YES NO
- Do you use conventional personal hygiene products? YES NO
- What is your overall Essential 5 rating? 1 2 3 4 5