



Step 2 – Master Assessment

This proprietary assessment will help you identify your health challenges and areas to focus on as you commit to deepening your wellness. I recommend taking this assessment every three months to track your progress.

NAME: _____

DATE: _____

WEIGHT:

CURRENT MEASUREMENTS:

My current weight is: _____

Arms: _____

Hips: _____

My ideal weight is: _____

Thighs: _____

Chest: _____

I feel overweight? (yes or no): _____

Waistline: _____

HOW TO SCORE: Rate each item from 0 to 10. If you give an item a **score of “0”** than you don’t have any issues in this area. If you give an item a **score of “10”**, then this has been/is a big challenge for you.

FATIGUE/ENERGY

_____ I don’t have enough energy to meet the demands of the day.

_____ I feel depressed often.

_____ I am tired often.

_____ By the end of the workday, I feel like I’ve spent my energy. I don’t have the energy to either enjoy my evening or get things done at home.

_____ All my energy goes towards work [or the kids, or _____].

TOTAL POINTS: _____

MOOD/EMOTIONAL STABILITY

_____ My stomach often feels tight or upset.

_____ I am less emotionally balanced than what I would like to be.

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_____ On the outside I may project that everything is okay, but I don't feel the same on the inside.

_____ I feel stressed often.

_____ I have a hard time relaxing.

_____ I seem to collect the stress of the people that surround me.

_____ I feel angry often.

_____ I feel anxious often.

_____ I worry often.

_____ I have a hard time concentrating.

_____ I am grumpy.

TOTAL POINTS: _____

FOOD HABITS:

_____ I eat processed foods.

_____ I eat junk/fast foods.

_____ I snack during the day.

_____ I snack in the evenings.

_____ I drink more than 8 alcoholic drinks per week.

_____ I eat mini-meals throughout the day.

_____ I'm a grazer.

_____ I crave/overeat salty food.

_____ I crave/overeat heavy, gooey food.

_____ I crave/overeat sweets.

_____ I crave/overeat spicy food.

_____ Once I start eating, it's hard to stop.

_____ I don't have much of an appetite.

_____ I have a voracious appetite.

TOTAL POINTS: _____

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SLEEP

What time do you go to bed at night? _____

What time do you get up in the morning? _____

How much sleep do you usually get? _____

_____ I don't feel rested when I get up in the morning.

_____ I have problems getting to sleep.

_____ I have problems staying asleep.

_____ I wake up in the middle of the night and can't get back to sleep.

_____ I'm a restless sleeper.

_____ I'm a really heavy sleeper.

_____ I could sleep all day.

_____ My sleep schedule is different on the weekends than the weekdays.

_____ I have a hard time waking up without an alarm.

_____ I wake up feeling groggy.

_____ I go to sleep with the TV on.

_____ I go to sleep with light in the room (from my partner reading or from electronics, etc.).

_____ I use my phone or computer while in bed.

_____ I need caffeine to get me going in the morning.

_____ I am grumpy in the morning.

TOTAL POINTS: _____

DIGESTION

_____ I've had digestive problems for a long time.

_____ I am often constipated.

_____ I have gas often.

_____ I feel bloated often.

_____ I have loose, watery stools or diarrhea.

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_____ When I eliminate (poop), it often doesn't feel complete.

_____ I don't eliminate early in the morning.

_____ I sometimes will go a day or more without pooping.

_____ My digestion is very irregular.

TOTAL POINTS: _____

LIFESTYLE:

_____ I am not fulfilled by my work.

_____ I do not feel fulfilled in my life.

_____ I have difficulty keeping a healthy routine that nourishes me.

_____ I feel overwhelmed by all that has to be done/that I have to do.

_____ If there is a cold or virus going around, I'm likely to get it.

_____ I get sick frequently.

_____ My life feels chaotic.

_____ I start healthy things but quickly fall off track.

_____ I don't get enough exercise.

_____ I'm too tired or busy to work out.

_____ I often feel stiff and achy in my body.

_____ I don't eat a healthy diet.

_____ I don't take care of myself.

_____ I don't exercise consistently.

TOTAL POINTS: _____

MASTER ASSESSMENT SCORE: _____ (PLEASE ADD UP ALL SECTIONS TO GET YOUR MASTER ASSESSMENT SCORE)

NEXT STEP: Go to STEP 3 to learn what your score means and learn some simple steps to get your health and happiness back on track.

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