

QUIZ: What is your ideal level of Healthcare Support?

To assist you in determining the level of support best suited for your healthcare needs, please complete the following brief questionnaire. Please grab a pen/pencil and some paper to help keep track of your scores!

Part 1 – Helps you determine the level of healthcare best matched to your current health needs. In other words, the optimal level of care that would likely best facilitate your healing and help you feel better as quickly as possible.

Parts 2 & 3 – Help you determine your readiness to engage the optimal level of care revealed in Part 1. This takes into account how much time, resources, and effort you are ready to commit toward creating a better quality of life.

PART 1: HEALTHCARE NEED

Describe your current health status:

- 0-points - Well
- 1-point - Mostly well, but lacking energy, wanting to lose a few lbs., or have mild health complaints
- 2-points - Somewhat well, but succumb to illness too often, and/or regularly experience pain or discomfort
- 3-points - Unwell with one or more recurring health challenges or chronic diseases

Have you been diagnosed with any one or more of the following?

- 10-points - Heart disease; heart attack; stroke; high blood pressure; cancer (do not include non-melanoma skin cancer); diabetes; neuropathy; macular degeneration; cataracts; autoimmune disease (any); neurodegenerative disorder (Alzheimer's; Multiple Sclerosis; ALS; dementia; Parkinson's; etc.) Crohn's; IBD; GERD/reflux; IBS; celiac; or other chronic gastrointestinal condition
- 0-points - none of the above

How long have you been struggling with your current health challenge(s)?

- 0-points - not struggling at all; here mostly for prevention
- 1-point - less than 6 months
- 2-points - 6 months -1 year
- 3-points - 1-2 years
- 4-points - more than 2 years

How has your relationship, family, employment and/or general enjoyment of life been affected by your health?

- 0-points - not at all – generally feel vital and function quite well
- 1-point - somewhat
- 2-points - significantly
- 3-points - severely

How many prescription medications are you currently taking?

- 0-points - 0
- 1-point - 1-2
- 2-points - 3-5
- 3-points - 6 or more

How often do you take over-the-counter (OTC) medications, e.g., pain relievers (like Advil, Tylenol, aspirin), antacids (like Pepcid; Tums); laxatives, etc.? (do not include supplements)

- 0-points - None or rarely
- 1-point - 1-2 times a week
- 2-points - 3-5 times a week
- 3-points - most days

Have you had *major* surgery for anything other than an accident or injury? (not including cosmetic; elective; dental; or non-melanoma skin surgeries)

- 0-points - No
- 3-points - Yes

How many doctors have you consulted to assist you with the health condition for which you are seeking help?

- 0-points - none – you're the first
- 1-point - 1-2
- 2-points - 3-4
- 3-points - 5 or more

PART 1 SCORE: Total Points _____

PART 2: HEALTHCARE BUDGET

Optimizing your health requires both conscious focused effort, as well as healthcare dollars to invest in professional healthcare guidance; testing; coaching; and nutritional and natural medicine supplementation.

How much have you been currently investing FINANCIALLY per month towards your healthcare? (include any out of pocket expenses – deductible; co-pay; testing; consultation; examination; medication; supplements; treatments; etc.)

- 0-points - none
- 1-points - \$100-250 per month
- 2-points - \$250-500 per month
- 3-points - \$500-750 per month
- 4-points - \$750-1000+ per month

What FINANCIAL investment are you willing to budget, given a plan of action that is both practical and effective?

Initial Appointment(s)/Work-Up: (Consultations; examination; testing)

- 0-points - none
- 2-points - \$300-450
- 4-points - \$600-750
- 6-points - \$1000-1200
- 8-points - \$1500-1800+
- 10-points - whatever will help me the get the best and quickest results

Initial 4 Months of Follow-Up Care: (Consultation; examination; testing; and/or treatment)

- 0-points - none
- 2-points - \$100-250 per month
- 4-points - \$250-500 per month
- 6-points - \$500-750 per month
- 8-points - \$750+ per month
- 10-points - whatever will help me the get the best and quickest results

Initial 4 Months of Supplementation & Natural Medicine:

- 0-points - none
- 2-points - \$100-250 per month
- 4-points - \$250-500 per month
- 6-points - \$500-750 per month
- 8-points - \$750+ per month
- 10-points - whatever will help me the get the best and quickest results

PART 2 SCORE: Total Points _____

PART 3: HEALTHCARE READINESS

To achieve your health goals and experience a higher quality of life requires change – inevitably involving more time committed to learning and implementing healthier dietary and lifestyle habits, as well as taking supplements to support these changes.

The following questions will help determine how ready you are to embrace the changes and commitment often required to feel and function your best and to prevent succumbing to a common family (health) fate.

How much TIME do you currently budget for exercise; reading/health education; treatment; and/or counseling?

- 0-points - none
- 1-point - 1-2 hours a week
- 2-points - 3-4 hours a week
- 3-points - 5+ hours a week

How much TIME are you willing to budget in these areas, given a plan of action that is both practical and effective?

- 2-points - 1-2 hours a week
- 4-points - 3-4 hours a week
- 8-points - 5+ hours a week

Rate on a scale of 5 (very willing) to 1 (not willing)

In order to improve your health, how willing are you to:

- Significantly modify your diet, as needed 5 4 3 2 1 points
- Engage in regular exercise 5 4 3 2 1 points
- Take several nutritional supplements each day 5 4 3 2 1 points
- Modify your sleep habits (e.g., bedtime) 5 4 3 2 1 points
- Modify your lifestyle (e.g., schedule; work demands)... 5 4 3 2 1 points
- Practice a relaxation technique 5 4 3 2 1 points
- Have periodic lab tests to assess your progress 5 4 3 2 1 points

PART 3 SCORE: Total Points _____

SCORING GUIDE:

After adding up your scores for Part 1, Part 2, and for Part 3, write your score in each of the blanks below.

PART 1: HEALTHCARE NEED

PART 1 SCORE: ___ Points

- 0-5 Foundational Support (with periodic “Whole Body Physical” for preventive purposes)
- 6-14 Personalized Support
- 15-32 Customized Support

PART 2: HEALTHCARE BUDGET

PART 2 SCORE: ___ Points

- 0-7 Foundational Support (with periodic “Whole Body Physical” for preventive purposes)
- 8-13 Personalized Support
- 14-34 Customized Support

PART 3: HEALTHCARE READINESS

PART 3 SCORE: ___ Points

- 9-22 Foundational Support (with periodic “Whole Body Physical” for preventive purposes)
- 23-26 Personalized Support
- 27-46 Customized Support

Now, go back and circle the level of support associated with each of your scores (see [Scoring Guide](#) above), e.g., **Foundational Support**; **Personalized Support**; or **Customized Support**

- If all levels of support are in agreement, great! That is the level of care for you to request.
- If they are not, please request the lowest level that you scored out of Parts 2 and 3. That will help ensure you get the level of care that is best matched to your *Healthcare Need*, your *Healthcare Budget*, and your *Healthcare Readiness*.

PLEASE NOTE:

- You'll get the quickest and best results when you receive the level of care best matched to your *Healthcare Need*.
- However, if after reviewing your results you discover that you aren't quite ready for the level of care ideally matched to your *Healthcare Need* (due to *Healthcare Budget* and/or *Healthcare Readiness*), know that receiving **any level of healthcare** will help encourage your healing, and support your health goals over time.

Click [HERE](#) to fill out the Appointment Request form for the level of support you just calculated.