

HEALTH @ YOUR DOOR

RISK FACTOR ASSESSMENT – Immune Health	A	B	C
Nutrition			
How many times do you eat per day (including snacks)?	2-3	4	1 or 5+
How often do you eat fresh fruits or vegetables with your meals?	Regularly	Sometimes	Never
Do you consume a diet high in protein (meat, protein bars, etc)?	Never	Sometimes	Regularly
How often do you consume large amounts of sugar (candy, sodas, etc)?	Never	Sometimes	Regularly
Exercise			
How often do you spend 20-30 minutes in leisure time exercise per week?	3-6 times	1-2 times	Seldom
How would you characterize your exercise routine?	Moderate*	Light	Heavy*
*Moderate exercise: brisk walking; *Heavy exercise: marathon type training, intense and prolonged weight training			
Adequate Hydration			
How many glasses of water do you drink each day (excluding other beverages)? (One glass = 8 ounces)	8-12	5-7	0-4
Do you consume caffeinated products?	No	---	Yes
Sunlight (Vitamin D)			
How often do you obtain at least 15 minutes of direct outdoor sun exposure?	Regularly	Sometimes	Never
Do you regularly use a product containing sunscreen over 8 SPF (blocks UVB & Vitamin D production)?	Never	Sometimes	Regularly
Toxin Buildup			
Do you use tobacco products or regularly inhale second hand smoke?	No	---	Yes
Do you consume alcoholic beverages?	No	---	Yes
Air Quality			
Do you allow plenty of outside air inside your work or dwelling place? (EPA reports indoor air is up to 3 times more polluted than outside air)	Regularly	Sometimes	Never
Do you take time to breathe deeply each day? (occurs naturally during exercise)	Yes	---	No
Adequate Rest			
How many hours of sleep do you get per day?	7-8	5-7 or 8-9	0-5 or 9+
Do you sleep in a lighted room? (even a night light)	Never	Sometimes	Regularly
Do you observe a specified weekly day of relaxation?	Regularly	Sometimes	Never
Emotional/ Spiritual Stability			
Are you anxious or severely distressed/discouraged?	Never	Sometimes	Regularly
Do you attend religious services regularly?	Yes	---	No
Do you have a loving relationship with your family and friends?	Yes	---	No
*Scoring: 0 (Lowest Immune Risk) to 40 (Highest Immune Risk)	(___ x 0)	(___ x 1)	(___ x 2)

Disclaimer: This survey is for educational purposes only and is not intended to diagnose specific medical conditions.