

# HEALTH @ YOUR DOOR

<b>RISK FACTOR ASSESSMENT – Immune Health</b>	<b>A</b>	<b>B</b>	<b>C</b>
<b>Nutrition</b>			
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
<b>Exercise</b>			
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			
<b>Adequate Hydration</b>			
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
<b>Sunlight (Vitamin D)</b>			
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
<b>Toxin Buildup</b>			
Do you use tobacco products or regularly inhale second hand smoke?	No	---	Yes
Do you consume alcoholic beverages?	No	---	Yes
<b>Air Quality</b>			
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
<b>Adequate Rest</b>			
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
<b>Emotional/ Spiritual Stability</b>			
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
<b>*Scoring: 0 (Lowest Immune Risk) to 40 (Highest Immune Risk)</b>	<b>( ___ x 0)</b>	<b>( ___ x 1)</b>	<b>( ___ x 2)</b>

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