## **Support Assessment**

Please answer each question to the best of your ability. Answer what is true for you most of the time. Then add up the points for that category or section. The category or section with the *most points*, is generally the area where you are in *need of the most support*.

## **Section One: Nutrition & Diet**

## 1. Is my blood sugar balanced?

I eat breakfast: Every day 3-4 days per week 2-3 days per week never	Points: 0 1 2 3	Your Points:		
I eat breakfast within:				
60 minutes upon rising	0			
90 minutes upon rising	2			
120 minutes upon rising	3			
I eat meals (including snacks) per day:				
4-5	0			
3	1			
2	2			
1	3			
I get cranky, dizzy, irritable or have heart palpitations or an "adrenaline" feeling if I go longer than 4 hours without eating  No  Yes  3  —————————————————————————————————				
I drink alcoholic beverages a week				
4-5	4			
3	3			
2	2			
1	1			
I only drink a few times per year, or not at all	0			

2. Am I getting enoug	h protein?	
I consume serv	ings of unprocessed animal foods (l	beef, eggs,
chicken, fish, dairy etc)		
Zero	4	
1-2 per week	3	
3-4 per week	2	
5 or more a week	0	
	ngs vegetarian protein sources (leg	umes, seitan,
tehmpeh)		
Zero	4	
1-2 per week	3	
3-4 per week	2	
5 or more a week	0	
I consume servi	ngs of dairy (cheese, yogurt, milk, k	efir) a week
Zero	4	-
1-2	3	
3-4	2	
5 or more	0	
I consume a high carbohy fruitarian	drate, low protein diet vegan, raw v	vegan, or
Yes	3	
No	0	
Category Total		
3. Am I eating enough	ı carbohydrate?	
I consume servings	of fruit daily	
Zero	3	
1	2	
2	1	
3	0	
I consume servings	of vegetables daily	
Zero	4	
1-2	3	
2-3	2	

Category Total

3-4	1	
5-6	0	
I consume servings of grains weekly		
Zero	4	
1	3	
2	2	
3	0	
I consume a low carbohydrate diet like Atkin	s. low carb Paleo, or	Keto
Yes	3	
No	0	
	v	
Category Total		
category rotal		
4. Am I eating enough fat?		
I consume servings of egg yolks, butte	er & other animal fat	s from
organic pastured healthy sources weekly		
Zero	4	
1	3	
2	2	
3	1	
4	0	
I consume servings of coconut oil, avoc	ado, olives, olive oil	or other
healthy vegetarian fats weekly		
Zero	4	
1	3	
2	2	
3	1	
4	0	
I consume a low fat diet - I eat low fat yogurt,	skim milk and avoid	l fats like egg
yolks		38
Yes	3	
No	0	
Category Total		

5. Am I getting enough minerals, vitamins and bio-available nutrients?

	servings of home-made, un		
meals a week tha	it include a healthy balance	of proteins, carbohy	drates and
fats:			
Zero		4	
1-2 per week		3	
3-4 per week		2	
5 or more a week		1	
80% of my meals a	are home-made	0	
I consume	servings of fast-food weekl	v:	
Zero	servings or tust room ween	0	
1-2		2	
3 per week		3	
4 or more a week		4	
4 of more a week		т	
I consume	servings soda, including di	et soda a day:	
Zero	3 ,	0	
1		2	
2		3	
Category Total	I		
C. D. Hhamain			
6. Do I nave in	iflammation present?		
I consume vegeta	able oils like canola, soybea	n, corn, cottonseed, s	afflower oil:
Yes, it's my main c	ooking oil	4	
Only on occasion		2	
No, never		0	
I consume foods	made with refined flour, re	fined sugar additive	s and
	etic unhealthy ingredients:	imeu sugur, uuurive.	Junu
V .1 C 1	. 1	4	
Yes, those foods an	-	4	
Rarely, 2-3x a mor	ith	2	
No, never		0	
I experience join	t pain and stiffness.		
Yes	-	2	
No		0	
I experience freq	uent bloating after meals.		
Yes	_	2	

No	0	· <del></del>
Category Total		

Take a moment to look through your assessment. Note the totals below:

**Section One: Nutrition & Diet** 

Blood sugar total:
Protein total:
Carbohydrate total:
Fats total:
Bio-available nutrition total:
Inflammation present:

Nutrition and Diet Section Total:

According to my assessment, I am deficient in and need to improve the following \_\_\_\_\_\_, and .