



# The Lifestyle Balance Sheet

Welcome!

The Lifestyle Balance Sheet is a personalized health assessment tool that will:

**1) Highlight the areas of your lifestyle that are healthy & working for you.**

This is your foundation that you will build the rest of your health development program on.

**2) Expose the areas that you are neglecting and that need your attention.**

Most people know that they want to improve their health, but they don't know where to start. By completing The Lifestyle Balance Sheet, you will have a *personalized* list of items that will form your healthy lifestyle improvement program. (And as a **SPECIAL BONUS** for using this tool, *you can get some extra help from me personally* – find out how on the last page of this form...)

**3) Allow you to become more aware of what it really takes to live a truly healthy lifestyle.** The Being Well Lifestyles Program is a comprehensive approach to improving *all* areas of your health: your mindset, your exercise, your nutrition, your relaxation and your enjoyment. Instead of a “one-size-fits-all” program, you will know exactly what *you* need to do, *right now*, to raise your health to the next level.

**INSTRUCTIONS:** go through each section and **check the corresponding boxes** (by clicking it with your mouse) in front of each statement to which you can say a whole-hearted “*YES!*”, a “I do that!” or a “That’s *definitely* me!”.

Leave the box *BLANK* if a certain item is *not* a part of your lifestyle or is something that you only do *occasionally*. Don't check boxes that deep down you know you shouldn't. Your honest answers here will empower this tool to help you make significant improvements to your lifestyle habits and your overall health, energy and happiness.

I look forward to hearing about your results!

Be Well,

*Dr. Jay*

**P.S.** Be sure to save this form when you're done so you can reference your results later!

**P.P.S.** Don't forget to take me up on my **SPECIAL BONUS OFFER** on the Results page so I can personally help you after you've completed The Lifestyle Balance Sheet.

# THINK Well

- I have a vision for my health and know what I want to create for myself
- I know what inspires and motivates me to become healthy and stay healthy
- I have a clear plan of action to improve and maintain my health
- I surround myself with healthy and happy people that support me
- My current health habits will allow me to live a long and healthy life
- My current health status does not prevent me from doing anything I want to do
- I have inspiring and attainable goals set for my health that I am working towards
- I have my healthcare team assembled to guide me to greater health
- I have had a comprehensive health examination by a health professional in the last year
- I understand my current health status and how to improve it if I want to
- My health records are up to date and I can easily locate all of my health information when needed
- I know what I need to START doing right now to be healthier than I am right now
- I know what I need to STOP doing right now to be healthier than I am right now
- I am willing to do what is necessary to become healthier even if it might make me feel uncomfortable
- I believe that the health I want for myself is possible and attainable
- I am not worried or concerned about any aspect of my health right now
- I have all the resources available to me to create my health exactly as I want it
- I trust that my body knows how to heal itself
- I know that healing is always available to me in every moment
- I am looking forward to living a long and healthy life to 100 years old

My THINK Well score: \_\_\_\_\_

# MOVE Well

- I perform cardiovascular exercise for at least 30 minutes, 3-5x per week
- I perform strength building exercises 2-3x per week
- I do stretching exercises for at least 5-10 minutes everyday
- I have good balance and do not trip, stumble or bump into things around me
- I feel strong and confident in my body
- My blood pressure is within the normal range (less than 120/80)
- My resting heart rate is within the normal range for my age (60-80 beats/min)
- I do not get short of breath when performing regular daily activities (walking up stairs, unloading groceries, etc.)
- My posture while standing is erect, comfortable and projects confidence
- My posture while sitting is upright, relaxed and comfortable
- I enjoy a healthy and satisfying sex life
- I am pain free in my body while performing daily activities and while exercising
- I know which cardiovascular exercises (walking, running, biking, etc.) I enjoy doing and get me the results I want
- I know which strength building exercises (free weights, machines, plyometrics, etc.) I enjoy and get me the results I want
- I know how to stretch my body properly to allow all of my major muscle groups to be flexible and supple
- I am flexible and able to perform all necessary daily tasks with ease
- I do not smoke cigarettes, cigars or pipes
- No limitations on exercise have been placed on me by a healthcare professional
- My movement and/or exercise is not limited by past injuries or chronic conditions
- I have had no surgeries that limit my movement or activities

My MOVE Well Score: \_\_\_\_\_

# EAT Well

- I eat 3 healthy, well rounded meals per day (breakfast within 1 hour of waking)
- The portion sizes of food I eat at each meal is moderate and satisfying
- I feel energized after eating a meal and do not feel tired or lethargic
- I eat the appropriate number of calories per day for my age, body size and health goals
- I take nutritional supplements daily
- I drink at least 64 ounces of water daily
- I drink alcoholic beverages sparingly during the week if at all
- Excessive amounts of refined sugar is not part of my weekly diet
- I do not take prescription or over-the-counter medications for any reason
- I buy organic foods (fruits, vegetables, meats, other products) most of the time
- I eat 6-8 servings of fresh fruits and vegetable every day
- I do not consume more than 1-2 caffeinated beverages per day
- The majority of the food I eat is natural and does not contain artificial sweeteners or preservatives
- I do not eat fast food meals (McDonald's, Burger King, Taco Bell) regularly during the week
- I do not drink sodas (diet or regular)
- I do not eat frozen, packaged or processed meals regularly
- I know which foods I am allergic or sensitive to and I avoid them
- I have 1-2 bowel movements per day
- I periodically detoxify my body throughout the year to cleanse and rejuvenate myself
- I do not snack excessively or unnecessarily at any time during the day

My EAT Well Score: \_\_\_\_\_

# REST Well

- The quality of my sleep is excellent
- I regularly get 7-8 hours of sleep per night
- I wake up each morning with energy to start the day without an alarm clock
- I am able to fall asleep within 10-15 minutes of getting into bed
- I sleep soundly throughout the night without waking up
- I do not need to use prescription drugs, over-the-counter drugs or alcohol to fall asleep at night
- I do not watch TV in bed before falling asleep
- I feel calm and relaxed most of the time
- I am able to handle my current level of stress effectively
- I use meditation or prayer regularly to relax, calm and center me
- I am familiar with and utilize techniques that are effective for handling my fear, sadness, anger, or other negative emotions
- I schedule leisure or relaxation time for myself everyday
- I am able to concentrate and focus well while completing a task
- I am not distracted easily by outside influences
- I have all the energy I need throughout the day to be productive and enjoy myself
- My respiratory rate is within normal range (12-16 breaths per minute)
- I breathe slowly, easily and deeply into my abdomen so my belly moves in & out
- I do not have to take naps to get through my day
- My face looks vibrant and alive (i.e. not tired and puffy with circles under eyes)
- My immune system functions well and I do not get sick more than 1-2x per year

My REST Well Score: \_\_\_\_\_

# BE Well

- I love my life and I am excited about the future
- I have an “attitude of gratitude” and everyday I consciously appreciate what I have
- I know what makes me happy and I incorporate those things into my daily life
- I am happy and content with my current physical state and appearance
- I have a fulfilling and rewarding career that I am excited and proud of
- The relationships I have with my family are supportive, healthy and nurturing
- The relationships I have with my friends and colleagues are supportive, healthy and nurturing
- I feel in control of my finances and they do not cause me any undue stress
- My living surroundings are safe, uncluttered, beautiful and peaceful
- I regularly get outdoors to enjoy nature
- I know and live my purpose, doing what I am here to do in the world
- I receive bodywork (chiropractic, massage, acupuncture, etc.) regularly to help my body to continue functioning properly
- I do not have any chronic, debilitating or life-threatening diseases or conditions that limit my enjoyment of life
- I do not use recreational or illegal drugs
- I am able to express my emotions in appropriate ways
- I am able to forgive easily (myself and others) and do not hold grudges
- I am able to face the major stressors of my life effectively and deal with them productively
- I feel confident in myself and my abilities
- I trust that all “problems” are really opportunities for growth and learning
- I feel a strong connection to God/Higher Power and spirituality is important to me

My BE Well Score: \_\_\_\_\_



# The Lifestyle Balance Sheet

## RESULTS

Name: \_\_\_\_\_ Date: \_\_\_\_\_

THINK Well: \_\_\_\_\_

MOVE Well: \_\_\_\_\_

EAT Well: \_\_\_\_\_

REST Well: \_\_\_\_\_

BE Well: \_\_\_\_\_

**My TOTAL Score:** \_\_\_\_\_

Remember to “Save” this form for your future reference!

### **How did you do?**

Which area could you use some help in right now to create more balance in your lifestyle?

To learn more, read: [“How to Use the Results of Your Lifestyle Balance Sheet”](#)

**AND...as an added bonus** for using The Lifestyle Balance Sheet, ***I will personally review your assessment and give you my recommendations... absolutely free of charge.*** It’s my little way of helping you get started moving towards enjoying more health, more energy and more happiness as soon as possible!

All you have to do is “Submit” this form to me by using the button below – ***BUT*** be sure to: completely fill out the form first AND fill out your name AND your contact info below as well!

Name: \_\_\_\_\_

Email: \_\_\_\_\_

\*Please allow 1-2 business days for me to send you my recommendations.

**SUBMIT** my answers to Dr. Jay for his **FREE ADVICE!**

