

THE CORE FOUR FOUNDATIONAL PRINCIPLES OF HEALTH

**"KNOWING YOU NEED TO MAKE A CHANGE ISN'T ENOUGH. YOU
HAVE GOT TO FIND THE GUTS TO DO IT."**

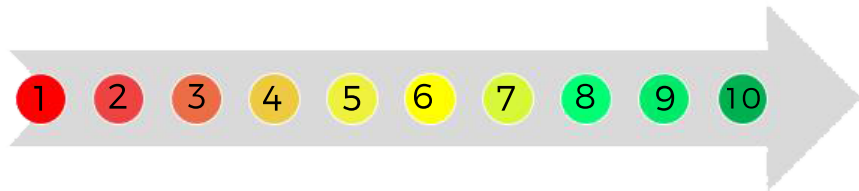
- ROBERT KIYOSAKI



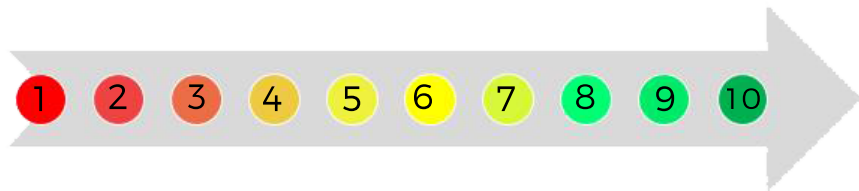
How Do You Rate?

Now that you are aware of the Core Four Principles, grade yourself on each individual category using a scale from one to ten. This is an extremely important exercise that will build the foundation for you to reach your three-month health goals.

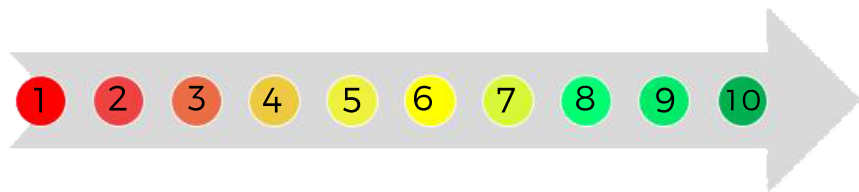
Function



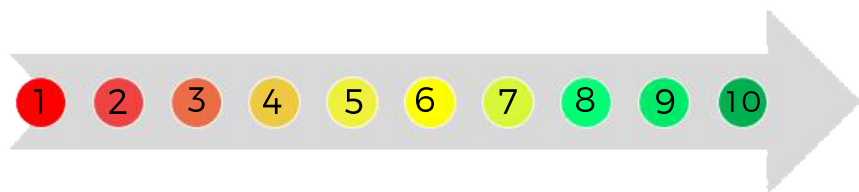
Food



Fitness



Fun



How Do You Rate: Function

8-10 HEALTHY

- Y / N I have good strong posture!
- Y / N I get my nervous system checked regularly by a specific chiropractor!
- Y / N I have daily rituals in place that strengthen my mind and manage my stress!
- Y / N I take great care of my spine and perform spinal hygiene routinely!
- Y / N My vitality and energy levels are through the roof!
- Y / N I am as productive as I've ever been! I can do what I want - when I want!

4-7 AVERAGE

- Y / N My posture could be better
- Y / N I've been checked by a chiropractor & know where I'm weak/vulnerable
- Y / N I occasionally manage my stress via yoga, meditation, breathing exercises
- Y / N I have spinal hygiene exercises, but could be more consistent doing them
- Y / N My energy levels could be better - I often experience a midday crash
- Y / N I often have negative thoughts and tend to blame others for my problems

0-3 POOR

- Y / N I have poor and/or weak posture
- Y / N I thought chiropractic was for neck & back pain so I've never got checked
- Y / N I feel like I'm always stressed out
- Y / N I have no idea what spinal hygiene is so know I do not perform it
- Y / N My energy levels are depleted and my quality of sleep is terrible
- Y / N I have symptoms that I put up with on a daily basis that keep me from being productive
- Y / N I had no idea function had anything to do with health

After deciding Yes or No to each statement, give yourself a score between 1-10 so that you have a better idea of how your rhythms and rituals rate for each of the categories.

Score: _____

How Do You Rate: Food

8-10 HEALTHY

- Y / N While grocery shopping I invest in fresh, organic, non-GMO food!
- Y / N I eat sugar, wheat, and dairy free!
- Y / N I take time to Food Plan and Meal Prep every single week!
- Y / N I consume more water than any other beverage!
- Y / N I fast regularly or I consume green smoothies for breakfast!
- Y / N I am on a whole food supplementation protocol that super fuels my body!
- Y / N I eat to provide the fuel my body needs to function at an optimal level

4-7 AVERAGE

- Y / N While grocery shopping I focus on filling my cart w/cheap & convenient foods
- Y / N I consciously limit my intake of sugar, wheat, and dairy
- Y / N I plan my meals for the week while I'm at the grocery store shopping
- Y / N I make it a conscious effort to consume water during the day
- Y / N I enjoy and consume fruit smoothies on a somewhat regular basis
- Y / N I take vitamins and minerals on a daily basis
- Y / N I'll eat anything, but I'm good about counting calories

0-3 POOR

- Y / N While grocery shopping I typically fill my cart w/ snacks, frozen foods, or prepackaged foods
- Y / N I eat what I want, when I want, however I want it
- Y / N I often wing my meals and I eat out often
- Y / N I rarely drink water - I need something with flavor
- Y / N My typical breakfast consists of cereal with milk or donuts and coffee
- Y / N I don't have the money to take supplements
- Y / N I don't have the time nor money to eat healthy

After deciding Yes or No to each statement, give yourself a score between 1-10 so that you have a better idea of how your rhythms and rituals rate for each of the categories.

Score: _____

How Do You Rate: Fitness

8-10 HEALTHY

- Y / N I have rhythms in place that allow for me to workout on a regular basis!
- Y / N I live at my ideal weight!
- Y / N I love how I look and how I feel on a daily basis!
- Y / N I move regularly, freely, and am strong enough to do whatever I choose!
- Y / N I have fitness goals and routinely test my body's physical limitations!

4-7 AVERAGE

- Y / N I workout 1-3 times per week
- Y / N I regularly feel like I could lose a few pounds
- Y / N I wish my body looked and felt better than it currently does
- Y / N I have conditions that slow me down during physical activity
- Y / N I track my steps and miles walked on a regular basis

0-3 POOR

- Y / N I haven't worked out in the past 30 days
- Y / N I am overweight
- Y / N My body hurts and aches all over the place
- Y / N I feel and move like I'm 20 years older than I actually am
- Y / N I am unable to physically move in ways that most people can
- Y / N I have major lung or heart issues that limit my physical activity

After deciding Yes or No to each statement, give yourself a score between 1-10 so that you have a better idea of how your rhythms and rituals rate for each of the categories.

Score: _____

How Do You Rate: Fun

8-10 HEALTHY

- Y / N I experience Joy and know what makes me happy!
- Y / N I experience love and connection with my significant other!
- Y / N I naturally have fun on a regular basis!
- Y / N I enjoy getting up in the morning and look forward to going to work!
- Y / N I have great relationships with family & friends and speak to them often!
- Y / N I handle stress very well and rarely, if ever, feel overwhelmed!

4-7 AVERAGE

- Y / N I am content, but I don't really know what it is I'm after
- Y / N My significant other and I are loyal to one another, but the passion is gone
- Y / N I make it a point to schedule fun in my life
- Y / N I enjoy my job, but it's not very fulfilling and I often wonder if I was meant to do more
- Y / N Stress often gets the best of me. I often feel overwhelmed and irritable

0-3 POOR

- Y / N I often find myself bored and sometimes even sad
- Y / N My relationship w/ my spouse is nowhere near where I would like it to be
- Y / N I'm too busy and don't have time to do anything fun
- Y / N I dislike my job very much so and simply aim to make it to the weekend
- Y / N There's no time for family or friends - I often put them on the backburner
- Y / N Stress has taken over my life - I can't keep up. I even have physical flare-ups and stress induced health conditions

After deciding Yes or No to each statement, give yourself a score between 1-10 so that you have a better idea of how your rhythms and rituals rate for each of the categories.

Score: _____

How Do You Rate?

Determine where you score the lowest and where you may need to focus as we begin to build the strategy portion of your Roadmap to Extraordinary Health.

Function _____

Food _____

Fitness _____

Fun _____

"You know you are on the right track when you have no interest in looking back."



Ultra Healthy Mindset