

STAR SPA

Natural Health & Aesthetics

HEALTH ESTIMATOR

Name _____ DOB _____

The Health Estimator measures key aspects of an individual's diet and exercise.
The higher the score, the better your health!

	Never (20)	Seldom (15)	Occasionally (5)	Daily (0)
How often do you smoke?	<input type="checkbox"/> []	<input type="checkbox"/> []	<input type="checkbox"/> []	<input type="checkbox"/> []
How often do you drink alcohol?	<input type="checkbox"/> []	<input type="checkbox"/> []	<input type="checkbox"/> []	<input type="checkbox"/> []
How often do you take drugs such as cocaine, heroine, speed, ecstasy, etc.?	<input type="checkbox"/> []	<input type="checkbox"/> []	<input type="checkbox"/> []	<input type="checkbox"/> []
How often do you eat meat?	<input type="checkbox"/> []	<input type="checkbox"/> []	<input type="checkbox"/> []	<input type="checkbox"/> []
How often do you eat fish?	<input type="checkbox"/> []	<input type="checkbox"/> []	<input type="checkbox"/> []	<input type="checkbox"/> []
How often do you eat eggs?	<input type="checkbox"/> []	<input type="checkbox"/> []	<input type="checkbox"/> []	<input type="checkbox"/> []
How often do you eat dairy products?	<input type="checkbox"/> []	<input type="checkbox"/> []	<input type="checkbox"/> []	<input type="checkbox"/> []
How often do you consume fast foods?	<input type="checkbox"/> []	<input type="checkbox"/> []	<input type="checkbox"/> []	<input type="checkbox"/> []
How often do you consume junk foods (pizza, potato chips, snack foods, etc)?	<input type="checkbox"/> []	<input type="checkbox"/> []	<input type="checkbox"/> []	<input type="checkbox"/> []
TOTALS:	_____	_____	_____	_____

What is your main source of protein?

- Algae (25)
 Wheat grass, other juiced grasses or sprouts (20)
 Nuts and seeds (15)
 Soy (10)
 Eggwhites (7)
 Fish (5)
 Meat (0)
 Dairy Products (5)

Total: _____

What is your main source of fat?

- Raw foods (20)
 Roasted nuts (15)
 Fish (5)
 Animal fat (0)
 Dairy fat (5)
 Fried foods (10)

Total: _____

How often do you consume deepfried foods?

- Never (20)
 Seldom (15)
 Occasionally (5)
 Daily (5)

Total: _____

What percentage of your diet is comprised of starchy carbohydrates such as potatoes and brown rice?

- 0 (25)
 1-4% (20)
 5-10% (15)
 11-30% (10)
 31-50% (10)
 51-74% (0)
 75% (-5)

Total: _____

What percentage of your diet is comprised of starch carbohydrates that come from process or deep fried foods such as french fries?

0 (25) 1-4% (20) 5-10% (15) 11-30% (10) 31-50% (10) 51-74% (0) 75% (-5)

Total: _____

What percentage of your diet is comprised of foods high in saturated fat such as those found in process foods?

0 (25) 1-4% (20) 5-10% (15) 11-30% (0) 31-50% (-10) 51-74% (-15) 75% (-20)

Total: _____

What percentage of your diet is comprised of processed foods, i.e. those typically prepackaged in a box, jar, can, etc.?

0 (25) 1-4% (20) 5-10% (15) 11-30% (0) 31-50% (-10) 51-74% (-15) 75% (-20)

Total: _____

What percentage of your diet is comprised of raw foods?

100- 90% (30) 89-75% (25) 74-50% (15) 49-25% (10) 24-6% (5) 5-0% (0)

Total:

How often do you eat foods that are high in dietary fiber?

Daily (20) Occasionally (15) Seldom (10) Never (0)

Total: _____

How much water do you drink per day?

12 gallons (25) 34 quarts (20) 12 quarts (15) Less than 1 quart (5) None (0)

Total: _____

What kind of water do you drink?

Ionized water (30) Mineral/Spring Water (15) Filtered tap water (10) Unfiltered tap water (2)
 Salt softened (10) Purified (reverse osmosis/distilled) (10)

Total: _____

How often do you consume soft drinks?

Never (20) Seldom (15) Occasionally (5) Daily (5)

Total: _____

How much Spirulina do you consume each day?

15+ grams (30) 10-15grams (20) 6-10grams (15) 3-5grams (10) 1-3grams (5) None (0)

Total: _____

How much Chlorella do you consume each day?

15+ grams (30) 10-15grams (20) 6-10grams (15) 3-5grams (10) 1-3grams (5) None (0)

Total: _____

How often do you take probiotics?

Daily (20) Occasionally (10) Seldom (3) Never (0)

Total: _____

How much stress do you have in your life?

Very little (20) Average Amount (10) Great deal (0)

Total: _____

How often are you exposed to toxic chemicals either at work or at home?

Never (20) Seldom (15) Occasionally (5) Daily (5)

Total: _____

Do you have heavymetal or chemical poisoning of any kind?

None (20) Small amount (5) Large amount (0) Very large amount (10)

Total: _____

How often do you exercise?

Daily (20) Often (15) Occasionally (10) Never (0)

Total: _____

How strenuous is your exercise routine?

Very strenuous (20) Strenuous (15) Somewhat strenuous (10) Not strenuous (5)

Total: _____

How many cups of coffee do you consume each day?

0 (20) 1-2 (10) 3-5 (0) 6+ (5)

Total: _____

How active are you at work?

Very active (20) Active (15) Somewhat active (5) Not active at all (0)

Add up all your total points: _____ (Total Points Possible: 690)

SEE WHERE YOU RATE:

- 690 – 650** Perfect Health (*Top 2% of General Population*)
- 640 – 590** Excellent Health (*Top 3 – 10%*)
- 580 – 490** Good Health 580–490 (*Top 11-25%*)
- 480 – 350** Moderately Healthy 480–350 (*Top 26 – 50%*)
- 340 – 200** Poor Health (*Bottom 49 – 75%*)
- 190 or less** Extremely Poor Health 190 or less (*Bottom 76 – 100%*)

How many years have you lead this kind lifestyle will determine how long it will take to Achieve Great Health



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Disclaimer: "Dr.Z" and her staff are not medically trained physicians and do not diagnose, prescribe for or treat any disease, nor do they dispense medical advice. My mission is to empower you with information so you can apply it according to your own free choice. Always consult with your physician before making any changes in your healthcare routine. If you are ill or have been diagnosed with any disease, please consult a medical doctor before attempting any natural healing program.