

Essence of Health and Vitality

Anti-Aging Questionnaire

Complete questionnaire if you have a score of 5 or more than you are aging rapidly and need assistance. Contact your health care professional to assist you in an anti-aging program.

	Yes	No
1. Do you suffer from mood swings easily?		
2. Do you anger easily?		
3. Do you have difficulty falling or staying asleep?		
4. Is your sex life declining?		
5. Do you have difficulty focusing or concentrating?		
6. Do you often get ill or feel sick?		
7. Is your total blood cholesterol over 240?		
8. Is your HDL cholesterol under 50?		
9. Do you have high blood pressure?		
10. Does the skin on your face and neck appear to sag?		
11. Is your strength weakening?		
12. Is your endurance level decreased?		
13. Is your breathing more labored with activity?		
14. Are you 45 years or older?		
TOTAL	—	—