



# ARE YOU SUFFERING FROM AN IMBALANCED MIND + BODY CONNECTION?

**I feel overwhelmed and stressed.**

1            2            3            4            5  
Disagree                                  Neutral                                  Agree

**I have trouble sleeping or experience insomnia.**

1            2            3            4            5  
Disagree                                  Neutral                                  Agree

**I feel anxious and worried.**

1            2            3            4            5  
Disagree                                  Neutral                                  Agree

**I experience mood swings and irritability.**

1            2            3            4            5  
Disagree                                  Neutral                                  Agree

**I have difficulty staying focused.**

1            2            3            4            5  
Disagree                                  Neutral                                  Agree

**I experience persistent feelings of sadness and hopelessness.**

1            2            3            4            5  
Disagree                                  Neutral                                  Agree

**I experience memory issues.**

1            2            3            4            5  
Disagree                                  Neutral                                  Agree

**I experience persistent fatigue.**

1            2            3            4            5  
Disagree                                  Neutral                                  Agree

**I experience frequent headaches or migraines.**

1            2            3            4            5  
Disagree                                  Neutral                                  Agree

**I have digestive issues or experience frequent stomach problems.**

1            2            3            4            5  
Disagree                                  Neutral                                  Agree

**I experience persistent pain, such as back pain or joint pain.**

1            2            3            4            5  
Disagree                                  Neutral                                  Agree

**I frequently get sick or have a weakened immune system.**

1            2            3            4            5  
Disagree                                  Neutral                                  Agree

**I have difficulty maintaining a healthy weight or experience issues with a slow metabolism.**

1            2            3            4            5  
Disagree                                  Neutral                                  Agree

**I experience bloating or occasional gut issues.**

1            2            3            4            5  
Disagree                                  Neutral                                  Agree

## OPTIMIZED MIND AND BODY CONNECTION

ADD UP YOUR SCORE AND CIRCLE THE TOTAL BELOW.



15            20            25            30            35            40            45+