WELLNESS LIFESTYLE ASSESSMENT

RELAX & REVIVE · MBABANE · ESWATINI

NAME _____ **DATE** _____

Welcome to your Wellness Lifestyle Assessment. This form is designed to help you take control of your health and well-being by assessing aspects of your health through the dōTERRA® Wellness Pyramid framework. Take your time, answer each prompt truthfully, and use your results as a starting point to identify which dōTERRA products will best support you on your journey toward an optimal wellness lifestyle.

Give yourself a score in each area on a scale of 1–5 · **1** Strongly disagree · **2** Disagree · **3** Neither agree nor disagree · **4** Agree · **5** Strongly agree

I · NUTRITION

- I eat a healthy, nutrient-rich diet that's high in whole foods and low in ultra-processed foods. ☐
- I'm mindful of my portions. I eat when I'm hungry and stop when I'm full. I avoid snacking between meals. ☐
- I use micronutrient and macronutrient supplements to ensure my nutritional needs are met. ☐

TOTAL SCORE / 15

II · DIGESTION

- I'm free from digestive discomfort. ☐
- I don't struggle with food sensitivities. ☐
- I make sure to include prebiotic and probiotic foods in my diet at least weekly. ☐

TOTAL SCORE / 15

III · MOVEMENT

- I'm physically active, getting at least two hours of moderately intense activity or an hour of vigorous activity per week. ☐
- I do at least two days of muscle strengthening per week. ☐
- I give myself time to rest and recover from activities, including gentle stretching and using dōTERRA products to support recovery. ☐

TOTAL SCORE / 15

IV · METABOLISM

- I have good energy during the day. I don't suffer from brain fog or sugar cravings or need caffeine or energy drinks. ☐
- I use smart supplementation to complement targeted metabolic health effects. ☐
- I stay satiated for hours after eating. ☐

TOTAL SCORE / 15

V · REST

- I'm getting enough sleep to feel rested and alert the next day. ☐
- I have good sleep hygiene practices. ☐
- I'm familiar with and use smart supplementation to help on days when sleep is challenging. ☐

TOTAL SCORE / 15

VI · MANAGE STRESS

- I know my main sources of stress and I have and use adequate resources to manage them. ☐
- I have self-care strategies and use them to help manage my stress. ☐
- I'm familiar with and use supplements and products that help as I relax and unwind. ☐

TOTAL SCORE / 15

VII · REDUCE TOXICITY

- I'm familiar with the most common environmental toxins and ways to avoid them. ☐
- I use nontoxic, eco-friendly products at home and advocate for them with friends and family. ☐
- I focus on supporting my body's natural detoxification process, such as by limiting alcohol intake. ☐

TOTAL SCORE / 15

VIII · INFORMED SELF-CARE

- I educate myself on proactive wellness lifestyle habits. ☐
- I work hard to continuously support my immune function. ☐
- I use smart supplementation to complement self-care efforts. ☐

TOTAL SCORE / 15

YOUR WELLNESS PYRAMID

With this form, you can identify health areas where you're doing well and where you may need to make lifestyle changes to improve your overall health. The larger the gap between the ideal and where you scored, the more that area of the Wellness Pyramid deserves your attention. Carry your total scores over from page one.



Consider focusing on the foundations of wellness — Nutrition & Digestion and Movement & Metabolism — as you choose your top three health priorities.

Identify the health goals you'd like to focus on in each area:

NUTRITION & DIGESTION

- ☐ Eat whole, fresh foods
- ☐ Nutritional supplementation
- ☐ Support gut health

Other

MOVEMENT & METABOLISM

- ☐ Support mobility
- ☐ Support healthy inflammatory response
- ☐ Support metabolic health

Other

REST & MANAGE STRESS

- ☐ Experience quality sleep
- ☐ Improve stress management
- ☐ Create a mindfulness routine

Other

REDUCE TOXICITY

- ☐ Support detoxification
- ☐ Toxin-free living
- ☐ Natural self-care

Other

INFORMED SELF-CARE

- ☐ Become informed
- ☐ Prioritize natural solutions
- ☐ Support healthy immune response

Other

THE TOP 3 HEALTH PRIORITIES I'M FOCUSING ON

1. _____
2. _____
3. _____

Let's identify which dōTERRA® products will best support your wellness goals.

SCAN THE CODE TO EXPLORE