

## Do you have Inflammation?

### Instructions:

By each question, rate the severity on a scale of 0-5,

0 = never 1 = rarely, 2 = occasionally 3 = monthly, 4 = weekly 5 = daily

1. Do you experience body aches? 0 1 2 3 4 5
2. Do your joints ache when the weather forecasts rain? 0 1 2 3 4 5
3. Do you have pain that has lasted more than 2 months? 0 1 2 3 4 5
4. Does your pain wake you up at night? 0 1 2 3 4 5
5. Do you experience headaches? 0 1 2 3 4 5
6. Do you have stiffness in your joints? Muscles? 0 1 2 3 4 5
7. Do you have trouble recovering from exercise sessions? 0 1 2 3 4 5
8. Do you have itchy skin? 0 1 2 3 4 5
9. Do you have skin outbreaks? 0 1 2 3 4 5
10. Do you have eczema or psoriasis? 0 1 2 3 4 5
11. Do you experience diarrhea? 0 1 2 3 4 5
12. Do you experience constipation? 0 1 2 3 4 5
13. Do you have food sensitivities or allergies? 0 1 2 3 4 5
14. Does arthritis or auto-immune issues run in family? 0 1 2 3 4 5
15. Do you have sugar cravings? 0 1 2 3 4 5
16. Do you have mood swings or feel emotional? 0 1 2 3 4 5
17. Are you overweight? (25 or more pounds over healthy) 0 1 2 3 4 5
18. Have you gained a significant weight in past months, years? 0 1 2 3 4 5
19. Do you experience fatigue? 0 1 2 3 4 5
20. Do you experience constant or extreme fatigue? 0 1 2 3 4 5
21. Do you have trouble concentrating? Staying focused? 0 1 2 3 4 5
22. Do you have brain fog? Difficulty concentrating? 0 1 2 3 4 5

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| 23. | Do you feel depressed? Alone?                        | 0 1 2 3 4 5 |
| 24. | Do you feel anxious, stressed or overwhelmed?        | 0 1 2 3 4 5 |
| 25. | Do you feel like you are on a short fuse? Reactive?  | 0 1 2 3 4 5 |
| 26. | Do you get sick often? (3 or more times per year)    | 0 1 2 3 4 5 |
| 27. | Do you experience asthma symptoms?                   | 0 1 2 3 4 5 |
| 28. | Does it take you a long time to recover from a cold? | 0 1 2 3 4 5 |
| 29. | Do you experience irregular sleep?                   | 0 1 2 3 4 5 |
| 30. | Do you have trouble falling sleep or staying asleep? | 0 1 2 3 4 5 |

Total Score: \_\_\_\_\_

#### **Scoring Interpretation:**

If you scored under 30, then inflammation is not an issue in your life. An anti-inflammatory plan may help to maintain your healthy self! Take the test in another year and see where you are then.

If you scored between 31 and 70, you have inflammation but may not have chronic or severe health issues. Implementing an anti-inflammatory plan may be helpful but not absolutely necessary to delay the onset of pain or health decline.

If you scored between 71 and 107, you have moderate inflammation. Implementing an anti-inflammatory protocol is highly recommended to reverse the symptoms and stop the increase or severity of symptoms.

If you scored over 108, you have a high level of inflammation and should implement an anti-inflammatory protocol immediately. Your health and quality of life depend on it!

If you have questions about your score and how the natural anti-inflammatory plan can help you reduce your score and amplify your health and freedom of movement, contact Joanna at [www.nutrition-in-motion.net/contact](http://www.nutrition-in-motion.net/contact) or 215-272-6774. She will walk you through the process so you can regain your health, amplify your living and move into your next adventure.