**What is Your “True” Age?**

We have two ages. Biological age is the measure of your inner health and influenced by your genetics and lifestyle. Chronological is the number of years you have been alive. Answer the questions below to determine your “true” age. (Total each section separately).

**A - Chronological Age**

1: What is your current age (in years)?

 \_\_\_\_\_ TOTAL A

**B - Dietary Choices**

**How frequently do you eat the following:**

2: Fried, broiled, or barbequed foods?

Often (4)
Once a day (3)
Few times per week (2)
Once a week (1)
Almost Never (-2)

3: Nutritional oils (not fried or heated)? Example: flax seed oil

Never (2)
Once a week (1)
Once a day (0)
2+ times per day (-1)

4: Fruits or vegetables? (1 serving= 1 cup)

Almost Never (3)
Few time per week (2)
One per day (1)
3 per day (-1)
5+ per day (-2)

5: How much natural fiber? (Example: Nuts, berries, flax seed, brown rice)

Almost Never (3)
Once a Week (2)
Few times per week (1)
Often (-2)

6: Glasses of water daily? (Water does not include coffee, black tea, soda or alcohol)

Almost Never (3)
One per day (2)
4 per day (1)
8 per day (0)
10+ per day (-2)

7: Sugar, soda, white flour, or other processed foods such as canned foods, fast foods, TV dinners, foods with preservatives added?

3+ times per week (3)
Once a day (2)
Few times per week (1)
Almost Never (-1)

8: Alcoholic drinks per week?

12+ per week (3)
8 per week (2)
4 per week (1)
2 per week (0)
Almost Never (-1)

9: Do you add salt to you food?

All food (3)
Daily (2)
Few times per week (1)
Once a month (0)
Almost Never (-1)

\_\_\_\_\_\_ TOTAL B

**C- Supplements**

10: Do you take a multi-vitamin?

Almost Never (2)
Once a week (1)
Few times per week (0)
Daily (-1)

11: Do you take anti-oxidants?

Almost Never (3)
Once a week (2)
Few times per week (1)
Daily (-2)

\_\_\_\_\_\_ TOTAL C

**D - Daily Activities**

12: Do you exercise 30 or more minutes daily?

Almost Never (3)
Once a week (2)
3 times per week (-2)
5+ times per week (-3)

13: Do you exercise for more than 2 hours? (If you do not exercise, please put "0" as your answer)

Most times (4)
50% of the time (2)
Almost Never (0)

14: Do you sleep well and awake rested?

Almost Never (3)
Sometimes (2)
Usually (0)
Always (-1)

15: Do you have normal bowel movements?

Once a week (4)
Every 4 days (3)
Every second day (2)
Daily (0)
2+ times per day (-2)

\_\_\_\_\_\_ TOTAL D

**E - MEDICAL HISTORY**

16: Is there a history of the following conditions in your family? (Cancer, diabetes, heart disease, depression, obesity, liver disease, high cholesterol, high blood pressure)

2 or more (1)
Once (0)
None (-1)

17: Have you ever had any of the following conditions? (Cancer, diabetes, heart disease, depression, obesity, liver disease, high cholesterol, high blood pressure)

2 or more (3)
One (2)
None (-2)

18: Do you experience the following conditions? (Headache, fever, sore throats, muscle aches (not exercise induced) colds/flu, rash, swelling)

Once a day (3)
Once a week (2)
Once a month (0)
Almost Never (-1)

19: Exposure to heavy metals or toxic substances? (Examples: mechanics, hair dressers, nail technicians, etc.)

Daily (4)
Weekly (3)
Monthly (2)
Almost Never (0)

20: Exposure to heavy metals via dental work or fillings? (Example: mercury fillings or other fillings)

3+ fillings (4)
2 fillings (3)
1 filling (2)
Never (0)

\_\_\_\_\_\_ TOTAL E

**F - STRESS**

21: How many full meals do you eat per day? (A snack is not a full meal)

Never (3)
4+ per day (2)
3 per day (0)
2 per day (1)
One per day (2)

22: How often are you in front of electronic equipment? (Example: computers, television, live cameras, electrical wires)

8+ hours per day (3)
6+ hours per day (2)
Few hours per day (1)
Almost Never (0)

23: Exposure to cigarette smoke (direct or second hand)?

All day (4)
Few times a day (3)
Few times per week (1)
Almost Never (-1)

24: Do you use a recreational or street drugs?

2+ times per day (4)
Once a day (3)
Once a week (2)
Once a month (1)
Never (0)

25: Do you drive in heavy traffic?

For a living (3)
Daily (3+ hours) (2)
Daily (1-2 hours) (1)
Almost Never (-1)

26: Do you experience stress?

Very High (4)
High (3)
Moderate (2)
Slight (1)
Almost none (-2)

\_\_\_\_\_ TOTAL F

Calculating your Biological Age Add your scores from the following sections together to calculate your biological age

SECTION A: Chronological Age\_\_\_\_\_\_

SECTION B: Dietary Choices\_\_\_\_\_\_\_

SECTION C: Dietary Supplementation\_\_\_\_\_

SECTION D: Daily Activities\_\_\_\_\_\_

SECTION E: Medical History\_\_\_\_\_\_

SECTION F: Stress\_\_\_\_\_\_

TOTAL\_\_\_\_ This is your biological age

How to interpret your results

A: **Minus 11 years or greater** (Biological age is eleven or more years less than your chronological age) General health picture is excellent. The right choices are being made to ensure your continued health

B**: Minus 1-10 years**: General health picture is very good. Focus on maintaining your healthy lifestyle choices, diet, exercise and stress management

C: **Biological age is the same as your chronological age** General health picture is good. However, changes are required to achieve optimal health and maximize energy levels

D: **1-10 years plus:** General health picture is fair. However, following the same lifestyle will cause your biological age to rise and heighten the risk of serious health problems

E: **11-20 years plus:** General history is average, as this is the most common health picture, with a moderate risk of health complications in the next five years. Energy and mobility are starting to decline and will continue to do so.

F: **21 years plus:** A chronic degenerative health picture, with a high risk of developing serious health complications. Energy and mobility will seriously decline in the next five years (if they have not already).

Taken from Sequoia Education Systems