

# Individual Immunity Assessment

Please answer all the questions below as completely and honestly as you can; your overall score and individual answers will help us, if necessary, to work with you to develop habits that will boost your immunity and your overall health.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Occupation: \_\_\_\_\_ Age: \_\_\_\_\_

### 1. Which of the following best describes you (check all that apply)

- I work or spend much of my time at home
- I work in the healthcare field (hospital, clinic, nursing home, home health, etc.)
- I have contact with many different people at work or school
- I share office or other equipment with others
- I am a student
- I travel frequently for business or pleasure

### 2. Do you

Use tobacco

- No
- Occasionally (how often \_\_\_\_\_)
- Daily

Drink alcohol

- No
- Occasionally (how often \_\_\_\_\_)
- Daily

Drink coffee and/or other caffeinated beverages

- No
- Occasionally (how often \_\_\_\_\_)
- Daily

Drink soda (regular or diet)

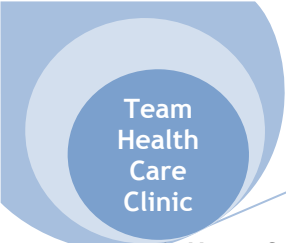
- No
- Occasionally (how often \_\_\_\_\_)
- Daily

Eat meals not prepared at home

- Never
- Occasionally (how often \_\_\_\_\_)
- Daily

### 3. Which best describes your meal habits (check all that apply)

- I eat 3 regular meals everyday
- I eat regular meals but skip breakfast
- I usually eat on the run whenever I have time
- I cook or prepare most of my meals from scratch
- I grab whatever I can find when I feel hungry
- I eat a lot of convenience or prepared foods
- I prefer to eat out rather than prepare meals at home



# Individual Immunity Assessment

4. How often to you drink a 6-8 oz glass of water

- Don't drink water
- Occasionally (how often \_\_\_\_\_)
- Daily but only a few glasses
- Daily 8 glasses or more

5. Exercise

- I don't exercise
- I exercise occasionally (how many hours a week \_\_\_\_\_)
- I exercise almost every day (how many hours a week \_\_\_\_\_)
- I exercise daily (hours per week \_\_\_\_\_)

6. Take Supplements

- I don't take supplements
- I take supplements occasionally (how often, what kind \_\_\_\_\_)
- I take supplements daily (what kind \_\_\_\_\_)

If take supplements

- I buy from grocery, pharmacy, discount store
- I buy from health food stores or internet health sites
- I buy from network marketing companies
- I buy from professional (chiropractor, naturopathic doctor, herbalist, etc.)

7. What do you do when you feel like you are starting to get sick

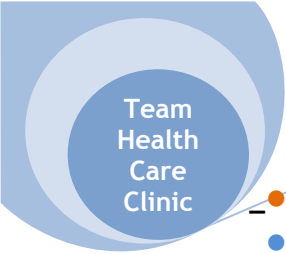
- I don't change anything
- I may slow down a little or take some extra care
- I aggressively take preventative measures: supplements, rest, drink more water, etc.

8. When I do get sick, I immediately

- Continue on as usual
- Go to the doctor
- Take prescription or OTC medications to feel better and relieve symptoms
- Take no medications but use diet, nutrition, rest, etc. and let my body work through it

9. How often do you get sick (colds, flu, sinus or respiratory infection, etc.)

- I get sick several times a year (how often \_\_\_\_\_)



# Individual Immunity Assessment

- I get sick occasionally during the year (how often \_\_\_\_\_)
- I get sick less than once a year
- I rarely get sick and can't remember the last time I was

## 10. Sleep habits/patterns (check all that apply)

- I get 7 or 8 hours of sleep a night
- I get less than 7 hours of sleep a night
- I feel tired unless I get 9 or more hours of sleep a night
- I usually sleep throughout the night
- I wake frequently throughout the night
- I sleep for a few hours but spend several hours unable to sleep
- I have a difficult time getting out of bed in the morning
- I wake up refreshed and ready to start the day
- I use medications to get to sleep at night (prescription or OTC)

## 11. Wash hands

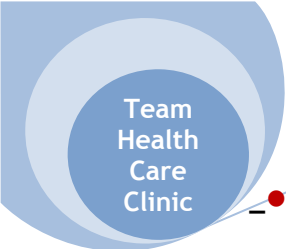
- I usually don't wash my hands regularly throughout the day
- I usually wash only when using the bathroom
- I faithfully wash before eating, but not throughout the day
- I wash my hands regularly before eating and throughout the day

## 12. Take prescription medications

- I don't take any prescription medications
- I take prescription medications only when needed (how often, what kind \_\_\_\_\_)
- I take prescription medications daily (what kind \_\_\_\_\_)

## 13. Use OTC medications (pain relievers, allergy meds, antacids, decongestants, anti-inflammatory, muscle relaxer, etc.

- I never use OTC medications
- Occasionally (how often, what kind \_\_\_\_\_)
- I use OTC medications at least weekly (how frequent, what kind \_\_\_\_\_)



# Individual Immunity Assessment

I use OTC medications daily (what kind \_\_\_\_\_)

14. Which best describes your diet (check all that apply)

- I eat a lot of prepared and convenience foods (frozen, boxed, microwave, etc)
- I do most of my cooking using a microwave oven
- I don't eat at home much, I mostly eat out
- I eat mostly cooked food
- I eat raw foods every day
- I cook my food using a conventional stove or oven
- I do most of my cooking from scratch
- I eat dessert and sweets fairly often
- I eat breads, cereals, pastas and baked goods daily
  - 100% Whole grain     Yes     No
- I eat fresh fruits daily
- I eat vegetables daily

15. How often do you get a chiropractic adjustment (check all that apply)

- I've never had an adjustment
- It's been 3 months or more since my last adjustment
- I get adjusted only when I have pain or discomfort
- I get adjusted regularly as part of a wellness plan (how often \_\_\_\_\_)
- I'd like to start a regular plan of chiropractic adjustments to stay well
- I'd like to see how a chiropractic wellness plan can work within my budget

Count the Dots: Total the number of each color checked off and write in the space below.

**Total of blue scores** \_\_\_\_ out of **29** possible. These scores indicate you are practicing daily habits that help to boost your immune system. You want this score as high as possible. Continue on with health habits and look to any orange or red scores as areas to improve.

**Total of orange scores** \_\_\_\_ out of **27** possible. These scores indicate a high risk for having a compromised immune system. You want these scores as low as possible. Our doctor will help you make necessary changes in order to decrease your risk for illness and disease and improve your health.

**Total of red scores** \_\_\_\_ out of **33** possible. These scores indicate a very high risk for having a compromised immune system. You want these scores at "0" or as low as possible. Our doctors will help you make changes and develop good habits to boost your immune system and decrease your risk for illness and disease.

Team Health Care Clinic, PC  
 12217 Champlin Drive  
 Champlin, MN 55316  
 763-323-1492  
[www.teamhealthcareclinic.com](http://www.teamhealthcareclinic.com)