**Total Body Health Self-Assessment** Date:

This is your personal check-in — a quick and powerful way to track how you're feeling in your body, mind, and overall wellness.

👉 **Rate each question on a scale from 1 to 10, where:**
1 = Not at all / Needs work and 10 = Amazing / Fully aligned

✨ **Do this self-assessment at the beginning and end of each week to**:

- Stay focused on your goals.
- Build self-awareness.
- Notice where you're thriving and where you need support.
- Celebrate small wins!
- Progress starts with reflection — check in often and be kind to yourself.
- When you know better, you do better.
- Being consistent with self-assessments *WILL* create long lasting results and change.

## 🧘‍♀️ FITNESS CHECK-IN

How confident do you feel in each area of your physical fitness right now?

1. **Strength:**

   Think: Lifting, pushing, pulling, carrying groceries, or picking up your kids.

   ☐ 1 = Not confident at all ☐ 10 = Extremely confident

   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

2. **Cardio/Endurance:**

   Think: Can you walk, run, or climb stairs without feeling winded or fatigued?

   ☐ 1 = Not confident at all ☐ 10 = Extremely confident

   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

3. **Flexibility:**

   Think: How easily can you move through a full range of motion and stretch without discomfort?

   ☐ 1 = Not confident at all ☐ 10 = Extremely confident

   ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

## 🥗 NUTRITION

4. **How well did you fuel your body with healthy, balanced meals today?**

(Think: Did your meals include a good mix of protein, veggies, healthy carbs, fibre and fats?)

Rate your day:

☐ 1 = None of my meals were healthy

☐ 5 = About half of my meals were healthy

☐ 10 = All of my meals were healthy and balanced

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

5. **How often do you feel bloated, sluggish, or uncomfortable after eating?**

(Think: low energy, tight stomach, or discomfort after meals)

Rate how often this happens:

☐ 1 = All the time

☐ 5 = Sometimes

☐ 10 = Never / I feel great after eating

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

6. **Nutrition & Hydration:**

How well did you fuel your body with water today?
Think: Did you drink enough water (pale yellow, odourless urine is a good sign)?

☐ 1 = Not well hydrated or nourished
☐ 5 = Somewhat hydrated / mixed meals
☐ 10 = Very well hydrated and nourished

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

## 😴 SLEEP CHECK-IN

6. **How rested and refreshed do you feel when you wake up most mornings?**

Think: Do you wake up energized and ready to start your day?

☐ 1 = Not at all rested
☐ 5 = Somewhat rested
☐ 10 = Fully rested and energized

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

7. **How consistent and uninterrupted is your sleep during the night?**

Think: Do you fall asleep easily and stay asleep most of the night?

☐ 1 = Poor / broken sleep

☐ 5 = Somewhat consistent

☐ 10 = Very consistent and uninterrupted

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

**MINDSET CHECK-IN**

8. **How positive is your current self-talk and internal dialogue?**

Think: Are you kind to yourself? Do you encourage or criticize yourself most days?

☐ 1 = Very negative

☐ 5 = Neutral / mixed

☐ 10 = Very positive and supportive

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

9. **How well are you managing stress, anxiety, or overwhelm day-to-day?**

Think: Are you using tools or strategies to stay calm and centered, even when life feels chaotic?

☐ 1 = Not managing well
☐ 5 = Managing okay sometimes
☐ 10 = Managing stress really well

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

## 🌟 OVERALL WELLNESS

10. **How in control and aligned do you feel with your current health and wellness goals?**

Think: Are your daily actions matching your long-term goals? Do you feel connected to your “why”?

☐ 1 = Totally off track
☐ 5 = Somewhat aligned
☐ 10 = Fully in control and aligned

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

11. **How motivated and committed do you feel to make real changes to your lifestyle right now?**

Think: Are you ready to take action and do what it takes, even on hard days?

☐ 1 = Not ready at all
☐ 5 = Somewhat motivated
☐ 10 = Fully committed and ready

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

## WEEKLY REFLECTION

Now that you've rated yourself, look for your lowest score — that's your golden opportunity for growth!

You can't improve everything at once, so pick one simple habit to work on this week that will boost the lowest number.

For example:

- If your nutrition score is low, focus on drinking more water or adding more veggies and protein to your meals.

- If hydration is your weak spot, try carrying a water bottle with you and aiming for pale, odourless urine — a true sign of good hydration!

## TRINA'S TAKE ACTION

📝 Take a moment to review your scores.

👉 What's **one small shift** you can make this week to feel more aligned, energized, or empowered?

Celebrate your wins, learn from your lows, and remember: **you're in control of your total body health.** 💪

Progress isn't about perfection — it's about showing up with awareness and intention.