

MPH Score

Scoring is from 0-3: 0 is lowest score and 3 the best. Circle appropriate number and add up.

This is for general use. This is not about being perfect, but understanding where you are at and a starting point to improve. You will identify some of your weaknesses to focus in and improve. This can dramatically make a huge difference in your overall health.

Exercise

1. Aerobic exercise (any exercise that gets the heart pumping: running, biking, specific yoga, cross training, walking, etc)
 - a. # of times per week
 - 3 = 3 times per week
 - 2 = 2 times per week
 - 1 = 1 times per week
 - 0 = rare or never
 - b. Include amount of time
 - 3 = 20+ min each session
 - 2 = 15 min each session
 - 1 = 10 -15 min each session
 - 0 = less than 10 min each session
 - c. Include intensity
 - 3 = 2 sessions of high intense workouts / close to VO2 max (all out for interval sessions); this would be pushing yourself to failure
 - 2 = 1 session of high intense workout
 - 1 = 1 session of moderate intense workout
 - 0 = no moderate or high intense workout
2. Resistant training (weight lifting, body weight exercises, bands, yoga, etc)
 - a. # of times per week
 - 3 = 3 times per week
 - 2 = 2 times per week
 - 1 = 1 times per week
 - 0 = no workouts
 - b. Include amount of time
 - 3 = 20+ min each session
 - 2 = 15 min each session
 - 1 = 10 -15 min each session
 - 0 = less than 10 min each session
 - c. Include intensity
 - 3 = 2 sessions of high intense workouts (pushing yourself to failure)
 - 2 = 1 session of high intense workout
 - 1 = 1 session of moderate intense workout
 - 0 = no moderate or high intense workout
3. Past year for either cardio or resistance training
 - 3 = less than 4 weeks off entire year
 - 2 = 9 – 11 months of working out
 - 1 = 6 – 9 months of working out
 - 0 = less than 6 months of workouts

Total: ____ / 21

Nutrition

1. Vegetables (fresh or frozen; not canned)
3 = daily
2 = 4+ days per week
1 = 2 – 4 days per week
0 = less than 2 times per week
2. Fruit (fresh or frozen; not canned or sugar/syrup added)
3 = daily
2 = 4+ days per week
1 = 2 – 4 days per week
0 = less than 2 times per week
3. Water (does not include tap water; some type of purified water)
3 = $\frac{1}{2}$ your body weight in ounces daily
2 = 6 – 8 glasses per day
1 = 3 – 6 glasses per day
0 = less than 3 glasses per day
4. Organic meats and protein (red meat, chicken, turkey, fish, etc.)
3 = daily
2 = 4+ times per week
1 = 2 – 4 times per week
0 = less than 2 times per week
--OR--
Vegetarian; organic green/beans or legumes or some type of protein supplement
3 = daily
2 = 4+ times per week
1 = 2 – 4 times per week
0 = less than 2 times per week
5. Organic eggs
3 = 3+
2 = 2+ times per week
1 = 1 time per week
0 = never
6. Sugar intake (cookies, sweets, table sugar, soda, sweetened tea, etc.)
3 = rare
2 = several times per week
1 = daily and in small amounts
0 = daily and moderate to high amounts
7. Hydrogenated oils and trans fats (read your labels; found in most breads, peanut butter, canola oil, etc.)
3 = rare
2 = several times per week
1 = daily and in small amounts
0 = daily and moderate amounts
8. Artificial sweeteners (aspartame, sucralose, fat-free)
3 = rare
2 = several times per week
1 = daily and in low - moderate amounts
0 = daily and moderate - high amounts

9. Non-nutritious food (white bread, potato chips, snacks, pretzels, etc)

3 = rare

2 = several times per week

1 = daily and in low - moderate amounts

0 = daily and moderate - high amounts

10. Fast-food and take out per week

3 = rare

2 = several times per week

1 = daily and in small - moderate amounts

0 = daily and moderate - high amounts

11. Dairy

3 = rare

2 = several times per week

1 = daily and in low - moderate amounts

0 = daily and moderate - high amounts

12. Grains (breads, bagels, pasta, crackers, etc.)

3 = rare

2 = several times per week

1 = daily and in low - moderate amounts

0 = daily and moderate - high amounts

Total = _____ / 36

Alcohol and tobacco

1. Tobacco/Vaping products

3 = never

2 = rare, but yes occasionally

1 = several times per week

0 = daily

2. Alcohol use

3 = on occasion or never

2 = 1 time a week

1 = 2 – 4 times per week

0 = 4+ times per week

Total = _____ / 6

Stress

1. Hours sitting per day
3 = less than 4 hours per day
2 = 4 – 6 hours per day
1 = 6 – 8 hours per day
0 = 8+ hours per day
2. Cell phone use per day; Texting, Social media, E-mail, Video and entertainment (check your settings)
3 = less than 1 hour per day
2 = 1 – 2 hours per day
1 = 2 – 3 hours per day
0 = 3+ hours per day
3. Work stress
3 = little or no stress
2 = moderate stress level
1 = moderate to high stress
0 = high stress majority of time
4. Home stress
3 = little or no stress
2 = moderate stress level
1 = moderate to high stress
0 = high stress majority of time

Total = _____ / 12

Sleep

1. Hours of sleep per night
3 = 6 – 8 hours and feeling rested 5+ times per week
2 = 6 – 8 hours and feeling rested 50% of time
1 = inconsistent hours of sleep with 50% feeling rested
0 = less than 5 hours or more than 9 hours and not feeling rested

Weight

1. This is reviewing your best weight for your height, physique, and family genetics
3 = within 5 lbs of your best weight
2 = 5 – 15 lbs heavier or lighter than your best weight
1 = 15 – 25 lbs heavier or lighter than your best weight
0 = 25+ heavier or lighter than your best weight

Feeling Happy

- 1 = yes (50% of time and feeling positive)
0 = no (generally negative and pessimistic)

Your Score = _____ 82 is highest score