



Basic External Risk Factor Profile

Introduction

When thoroughly studying your health future, in addition to studying your genetic profile, your lifestyle and environment must also be taken into account. Lifestyle and environment are considered external risk factors because they are risk factors that you can control. This tool will examine your lifestyle and environment choices that may also affect your future health. To get the most benefit from an external risk factor analysis the key is to respond to each question honestly. You will get the most benefit to your future health by providing the most honest and accurate responses.

This tool is meant to be used in conjunction with your **Integrative Genomics™ Profile**. You'll notice the same green, yellow and red scoring. Once you have the results and discussed them with your healthcare practitioner, the key is to make choices and add support that will contribute to your future optimal health.

Directions *(This tool may be completed by the patient or by the healthcare practitioner)*

1. Read each question carefully and select the most appropriate response. *(Note: you may find some questions repeated in more than one section. This is because that criterion has an influence in more than one area.)*

2. For each section, add up the number of circled items in each colored column and place that number in the matching colored square. (If you have 6 green responses circled, you place a 6 in the green total square for that section.)

3. The results are then used to determine the level of nutritional support needed. The key is:

Green is Basic Support **Yellow is Added Support** **Red is Maximum Support**

4. Use the highest total in each section to determine the level of support you need. If you have a total of 15 green responses, 10 yellow and 5 red, you would follow the Basic Support protocol for that section. If you have 5 green responses, 15 yellow and 8 red responses you follow the Added Support protocol for that section. If you have 5 green, 5 yellow and 12 red responses you follow the Maximum Support protocol for that section.

5. These results are meant to complement the results of your **Integrative Genomics™ Profile**. In the event you have a green score on the external risk factor profile and a red score on your **Integrative Genomics™ Profile**, you would follow the protocol for Maximum Support for that section. In the event you have a red score on the external risk factor profile and a green score on your **Integrative Genomics™ Profile**, you follow the Maximum support for that section. Always follow the highest determined total score or profile result.

This is a non-medical test result meant for supplemental and lifestyle guidance only.

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		Circle the	most appropriate	choice
General Health (Oxidative Stress 1 and 2)				
1.	My weight is	Within 10% from my ideal weight	More than 10% from my ideal weight	More than 50% from my ideal weight
2.	On an average night, I sleep	at least 8 hours	6-8 hours	Less than 6
3.	On average, how much water do you drink in a day?	5 or more 8 ounce glasses	5 eight ounce glasses	Less than 5 eight ounce glasses
4.	Do you smoke?	I have never smoked	I smoke once a month	I smoke daily
5.	Illegal Drugs	Never used	Used in past	Using now
6.	I handle the stress in my life	Easily	Okay	Not well
General Health Totals				
Immune Health				
1.	I catch colds or the flu	Hardly ever	Sometimes	Frequently
2.	I am slow to recover from illnesses	No	Sometimes	Always
3.	Do you have allergies	I have no allergies	I have seasonal allergies	I have many allergies
Immune Health Totals				
Bone Health (1 and 2)				
1.	Do you experience indigestion?	Rarely	Occasionally	Frequently
2.	I have experienced menopause (natural or surgical)	No	In Perimenopause	Yes
3.	Since reaching menopause I have added more calcium to my diet	Yes	I try	No
4.	I exercise	5-7 days a week	3-5 days a week	<3 days a week
5.	I have pain in my joints	Never	Occasionally	Always
6.	How long have you had arthritis?	I don't have arthritis	1-3 years	More than 3 years
Bone Health Totals				
Ageing Health (Photoaging)				
1.	On the average, I drink alcohol	Never	1-2 times a week	More than 3 times a week
Ageing Health Totals				

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Heart Health (Circulatory 1 and 2)				
1.	On the average, I exercise	5-7 days a week	3-5 days a week	Occasionally to never
2.	Do you smoke?	I have never smoked	I smoke once a month	I smoke daily
3.	My cholesterol is	150-200 or <	200-250	250 or >
4.	My Blood pressure reading is	120/80 or <	130/90	140/100 or >
5.	My blood pressure is controlled by	My diet	With one medication	With more than 1 medication
5.	I have pain with walking	Never	Occasionally	Always
6.	I have diabetes	No	I have a history of diabetes	Yes
7.	<i>(if you have diabetes)</i> My diabetes is controlled by	My diet	Oral Medication	Insulin
8.	I exercise	5-7 days a week	3-5 days a week	< 3 days a week
9.	I exercise for	60 or more minutes	30-60 minutes	< 30 minutes
Heart Health Totals				
Preventive Health (Detoxification)				
1.	On average, how many servings of fruits and vegetables do you eat daily?	5 or more servings	3-4 servings	Less than 2 servings
2.	I eat red meat	Once a week or less	2-3 times a week	More than 3 times a week
3.	On the average, I drink alcohol	Never	1-2 times a week	More than 3 times a week
4.	When you smell fragrances from perfumes or air fresheners or cleaning agents, do you get headaches or feel nauseous?	No	Slightly ill	Very ill
5.	I have a physical exam	Every year	Every other year	More than 3 years since my last exam
6.	FEMALES, I perform a self-breast exam	Every month	Every other month	When I remember
7.	MALES, I perform a testicular self exam	Every month	Every other month	When I remember
Preventive Health Totals				



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