

MES Core Discovery & Resilience Worksheet

Client Name: _____ Date: __

Purpose: This tool helps identify the "invisible" drivers of your health—the mental, emotional, and spiritual factors that influence your physical recovery. By understanding your "Biological Weather," we can ensure your nutrition and supplement protocols have the right environment to succeed.

Section 1: The "Superwoman" & Stress Assessment

Rate the following statements on a scale of 1–5 (1 = Never, 5 = Always)

1. I feel my value is tied solely to my productivity and caretaking. []
2. I find it difficult to rest without feeling guilty. []
3. I feel like I am in a constant state of "high alert" or hyper-vigilance. []
4. I struggle to say "no" even when my energy is depleted. []
5. I feel "disconnected" from my body's hunger or fatigue signals. []

Section 1 Subtotal: ____

Section 2: Biological Imprinting (ACE Screening)

Adverse Childhood Experiences (ACEs) can create a "threat state" in the adult nervous system. Please check any that apply to your history (0–18 years old). Note: You do not need to provide details, just the count.

- [] Experienced recurrent emotional abuse (insults, put-downs).
- [] Experienced physical abuse or neglect.
- [] Lived with someone struggling with substance use or mental illness.
- [] Witnessed domestic violence or experienced household instability.
- [] Experienced the loss of a parent (separation, divorce, or death).

Total ACE Score: ____ *(Note: A score of 4+ may indicate a hyper-vigilant HPA axis requiring specific trauma-informed support.)*

Section 3: Spiritual Health & Purpose (Eudaimonic Well-being)

Check the boxes that best describe your current state:

Indicator	Rarely	Sometimes	Frequently
I feel a sense of meaning or "why" in my daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel connected to something larger (nature, community, spirit).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a "reason to wake up" that excites me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel "seen" and supported by those around me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 4: Reflection & Practitioner Observations

Practitioner Observations (Internal/External Stressors):

Client Reflection: What is one "Belief Barrier" currently stopping you from prioritizing your recovery?

Next Steps:

- [] **Protocol Adjustment:** Integrate Trauma-Informed Breathwork or Vagus Nerve support.
- [] **Purpose Mapping:** Schedule a 15-minute session to define personal "Eudaimonic" goals.
- [] **Bridge & Refer:** (If ACE score is high or clinical distress is present) Refer to: _____

Practitioner Signature: _____

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