

# R.O.O.T.S. Method™: Symptom Reveal & Vitality Scorecard

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

**Instructions:** This tool is designed for the **Reveal** phase of your journey. It helps identify underlying imbalances and "Total Body Burden." For Section 1, rate each symptom based on the last 14 days: \* **0** = Never/Not present \* **1** = Mild (Occasional, does not interfere with life) \* **2** = Moderate (Frequent, interferes with daily tasks) \* **3** = Severe (Constant, debilitating)

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## Section 1: Symptom Inventory (The Reveal)

Category	Symptom	Score (0-3)
DIGESTION	Bloating, gas, or reflux	—
	Irregular bowel movements	—
ENERGY	Afternoon "slump" or caffeine reliance	—
	Waking up feeling unrefreshed	—
COGNITION	Brain fog or lack of focus	—
	Mood swings or irritability	—
RESILIENCE	Difficulty falling or staying asleep	—
	Sensitivity to smells, lights, or sounds	—
	<b>TOTAL SCORE:</b>	—

## Section 2: Vitality Habit Tracker (The Sustain Phase)

Track these "Bio-Individual Minimums" for one week to identify patterns.

Day	Hydration (80oz+)	Movement (20 min)	Protein at Breakfast	Sleep (7-8 hrs)
Mon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Day	Hydration (80oz+)	Movement (20 min)	Protein at Breakfast	Sleep (7-8 hrs)
Tue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section 3: Scoring & Clinical Reflection

**Total Symptom Score Interpretation:** \* **0-5:** Maintenance Phase (Focus on the *Sustain Membership*) \* **6-15:** Moderate Burden (Focus on the *Optimize Group Program*) \* **16+:** High Clinical Burden (Focus on the *High-Ticket Mastermind*)

**What is the #1 symptom currently preventing you from showing up fully in your life/work?**

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**On a scale of 1-10, how ready are you to address the ROOT cause of these symptoms? \_\_**

### Next Steps:

**Schedule Lab Review:** Review "Reveal" markers (TSH, Ferritin, Vitamin D).   
**Ecosystem Match:** Based on your score, the \_\_\_\_\_ program is your best fit.  **Resource:** Download the *Complete Lab Interpretation Manual* from the client portal.

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