

dōTERRA Serenity Sleep Challenge

Participant Booklet



dōTERRA®



Welcome to the dōTERRA Serenity Sleep System Challenge! We're excited to have you on board. If you share your data with the dōTERRA Clinical Research team throughout the challenge, you can be part of a larger study on the effects of the dōTERRA Serenity Sleep System.

Here's a simple guide to help you get started:

Step 1: Gather Your Research Supplies

Before we begin, make sure you have everything you need for the challenge: the dōTERRA Serenity Sleep System (essential oil blend, topical stick, and supplement) and a fitness tracker device (like a Fitbit, Apple Watch, Garmin, and so on).

Step 2: Sign the Consent Document

If you want to share your data from this challenge for the study, scan the QR code below to access, read, and sign the consent document. If you want to do the challenge without sharing your data, proceed to the next step. Feel free to reach out with any questions.



**Want to join the study?
Sign the consent to
share data!**

Step 3: Complete the Initial Measurements and Surveys

- Before you begin and every two weeks, you'll fill out the surveys and fitness tracker data.
- If you'd just like the data for yourself, use the paper trackers in this packet.
- If you choose to share your data for the study, scan the QR code on each week's packet to enter the data online.

Step 4: Make the dōTERRA Serenity Sleep System Part of Your Routine

- Use the products in the dōTERRA Serenity Sleep System each night.
- Inhale the sweet, aromatic lullaby of dōTERRA Serenity Restful Blend as you prepare for bed.
- Take a dōTERRA Serenity Softgel about half an hour before bed.
- Rub the dōTERRA Serenity Stick + Valerian onto your feet and pulse points and enjoy its calming aroma as you close your eyes and drift into a wonderful night's sleep.

Step 5: Don't Forget to Track!

In the rest of the packet, you'll find surveys and trackers that help you assess how the dōTERRA Serenity Sleep System is working for you. Fill out the baseline survey before beginning and then complete another survey every two weeks going forward.

Thank you for participating in the dōTERRA Serenity Sleep System Challenge! To those sharing your data, your input helps us understand the effectiveness of the dōTERRA Serenity Sleep System even better. If you have any concerns or questions throughout the study, email clinicalresearch@doterra.com.

We appreciate your cooperation and contribution to dōTERRA research.

Starting Data

1. Open your fitness tracker app and find the following sleep data from the past week.
If you can't find everything, don't worry! Just enter what you have.

Total minutes asleep

Total minutes in bed

Minutes in REM

Percent (%) of time in REM

Minutes in light sleep

Percent (%) of time in light sleep

Minutes in deep sleep

Percent (%) of time in deep sleep

Bedtime

Wake time



Share your data as
part of the study.

2. Find your fitness and activity data for the **past week**.
If you can't find everything, don't worry! Just enter what you have.

Steps

Activity/exercise minutes

Heart rate variability

Resting heart rate

3. Think about your sleep over the **past two weeks** and fill out the following surveys.

Leeds Sleep Evaluation Questionnaire

Instructions

1. Mark where you are on each question.
2. Measure how your mark is from the left in millimeters to find your scores.
3. Average the measurements for an overall score.

How would you describe the way you currently fall asleep in comparison to usual?

1. More difficult than usual _____ Easier than usual
2. Slower than usual _____ More quickly than usual
3. Less sleepy than usual _____ More sleepy than usual

How would you describe the quality of your sleep compared to normal sleep?

4. More restless _____ Calmer than usual
than usual
5. With more wakeful _____ Less wakeful periods
periods than usual than usual

How would you describe your awakening in comparison to usual?

6. More difficult than usual _____ Easier than usual
7. Longer than usual _____ Shorter than usual

How do you feel when you wake up?

8. Tired _____ Alert

How do you feel now?

9. Tired _____ Alert

How would you describe your balance and co-ordination upon awakening?

10. More disrupted _____ Less disrupted than usual
than usual

Functional Outcomes of Sleep Questionnaire (FOSQ)

Please mark "✓" as appropriate:

	1	2	3	4
	Yes, extreme	Yes, moderate	Yes, a little	No
1 Do you have difficulty concentrating on the things you do because you're sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you generally have difficulty remembering things because you are sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Do you have difficulty finishing a meal because you become sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Do you have difficulty working on a hobby (like sewing, collecting, or gardening) because you're sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Do you have difficulty doing work around the house (like cleaning, doing laundry, taking out the trash, or making repairs) because you're sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Do you have difficulty operating a motor vehicle for short distances (less than 100 miles) because you become sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have difficulty operating a motor vehicle for long distances (greater than 100 miles) because you become sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Do you have difficulty getting things done because you're too sleepy or tired to drive or take public transportation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you have difficulty taking care of financial affairs and doing paperwork (like writing checks, paying bills, keeping financial records, or filling out tax forms) because you're sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you have difficulty performing employed or volunteer work because you're sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOSQ-10 Score				<input type="text"/>



Choose one option for each questionnaire item.

1. In general, would you say your health is:

- ☐ 1-Excellent
 ☐ 2-Very good
 ☐ 3-Good
 ☐ 4-Fair
 ☐ 5-Poor

2. For how long (if at all) has your health limited you in each of the following activities?

	Limited for more than 3 months	Limited for 3 months or less	Not limited at all
The kinds or amounts of vigorous activities you can do, like lifting heavy objects, running or participating in strenuous sports	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
The kinds or amounts of moderate activities you can do, like moving a table, carrying groceries, or bowling	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Walking uphill or climbing a few flights of stairs	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Bending, lifting, or stooping	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Walking one block	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Eating, dressing, bathing, or using the toilet	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

3. How much bodily pain have you experienced during the past 4 weeks?

- ☐ 1-None
 ☐ 2-Very Mild
 ☐ 3-Mild
 ☐ 4-Moderate
 ☐ 5-Severe
 ☐ 5-Very Severe

4. Does your health keep you from working at a job, doing work around the house, or going to school?

- ☐ 1-Yes, for more than 3 months
 ☐ 2-Yes, for 3 months or fewer
 ☐ 3-No

5. Have you been unable to do certain kinds or amounts of work, housework, or schoolwork because of your health?

- ☐ 1-Yes, for more than 3 months
 ☐ 2-Yes, for 3 months or fewer
 ☐ 3-No

For each of the following questions, please mark the circle for the one answer that comes closest to the way you've been feeling during the past month.

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
6. During the past month, how much of the time has your health limited your social activities (like visiting with friends or close relatives)?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
7. During the past month, how much of the time have you been a very nervous person?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
8. During the past month, how much of the time have you felt calm and peaceful?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
9. During the past month, how much of the time have you felt downhearted and blue?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
10. During the past month, how much of the time have you been a happy person?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
11. During the past month, how often have you felt so down in the dumps that nothing could cheer you up?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

12. Please mark the circle that best describes whether each of the following statements is true or false for you.	Definitely true	Mostly true	Not sure	Mostly false	Definitely false
"I'm somewhat ill."	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
"I'm as healthy as anyone I know."	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
"My health is excellent."	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
"I've been feeling badly lately."	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

Outcomes of Sleep Questionnaire (FOSQ-10) | Week 2 Data

1. Open your fitness tracker app and find the following sleep data from the past week.
If you can't find everything, don't worry! Just enter what you have.

Total minutes asleep

Total minutes in bed

Minutes in REM

Percent (%) of time in REM

Minutes in light sleep

Percent (%) of time in light sleep

Minutes in deep sleep

Percent (%) of time in deep sleep

Bedtime

Wake time



Share your data as
part of the study.

2. Find your fitness and activity data for the **past week**.
If you can't find everything, don't worry! Just enter what you have.

Steps

Activity/exercise minutes

Heart rate variability

Resting heart rate

3. Think about your sleep over the **past two weeks** and fill out the following surveys.

Leeds Sleep Evaluation Questionnaire

Instructions

1. Mark where you are on each question.
2. Measure how your mark is from the left in millimeters to find your scores.
3. Average the measurements for an overall score.

How would you describe the way you currently fall asleep in comparison to usual?

1. More difficult than usual _____ Easier than usual
2. Slower than usual _____ More quickly than usual
3. Less sleepy than usual _____ More sleepy than usual

How would you describe the quality of your sleep compared to normal sleep?

4. More restless _____ Calmer than usual
than usual
5. With more wakeful _____ Less wakeful periods
periods than usual than usual

How would you describe your awakening in comparison to usual?

6. More difficult than usual _____ Easier than usual
7. Longer than usual _____ Shorter than usual

How do you feel when you wake up?

8. Tired _____ Alert

How do you feel now?

9. Tired _____ Alert

How would you describe your balance and co-ordination upon awakening?

10. More disrupted _____ Less disrupted than usual
than usual



Functional Outcomes of Sleep Questionnaire (FOSQ)

Please mark "✓" as appropriate:

	1	2	3	4
	Yes, extreme	Yes, moderate	Yes, a little	No
1 Do you have difficulty concentrating on the things you do because you're sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you generally have difficulty remembering things because you are sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Do you have difficulty finishing a meal because you become sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Do you have difficulty working on a hobby (like sewing, collecting, or gardening) because you're sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Do you have difficulty doing work around the house (like cleaning, doing laundry, taking out the trash, or making repairs) because you're sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Do you have difficulty operating a motor vehicle for short distances (less than 100 miles) because you become sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have difficulty operating a motor vehicle for long distances (greater than 100 miles) because you become sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Do you have difficulty getting things done because you're too sleepy or tired to drive or take public transportation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you have difficulty taking care of financial affairs and doing paperwork (like writing checks, paying bills, keeping financial records, or filling out tax forms) because you're sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you have difficulty performing employed or volunteer work because you're sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOSQ-10 Score		<input type="text"/>		

Outcomes of Sleep Questionnaire (FOSQ-10) | Week 4 Data

1. Open your fitness tracker app and find the following sleep data from the past week.
If you can't find everything, don't worry! Just enter what you have.

Total minutes asleep

Total minutes in bed

Minutes in REM

Percent (%) of time in REM

Minutes in light sleep

Percent (%) of time in light sleep

Minutes in deep sleep

Percent (%) of time in deep sleep

Bedtime

Wake time



Share your data as
part of the study.

2. Find your fitness and activity data for the **past week**.
If you can't find everything, don't worry! Just enter what you have.

Steps

Activity/exercise minutes

Heart rate variability

Resting heart rate

Leeds Sleep Evaluation Questionnaire

Instructions

1. Mark where you are on each question.
2. Measure how your mark is from the left in millimeters to find your scores.
3. Average the measurements for an overall score.

How would you describe the way you currently fall asleep in comparison to usual?

1. More difficult than usual _____ Easier than usual
2. Slower than usual _____ More quickly than usual
3. Less sleepy than usual _____ More sleepy than usual

How would you describe the quality of your sleep compared to normal sleep?

4. More restless _____ Calmer than usual
than usual
5. With more wakeful _____ Less wakeful periods
periods than usual than usual

How would you describe your awakening in comparison to usual?

6. More difficult than usual _____ Easier than usual
7. Longer than usual _____ Shorter than usual

How do you feel when you wake up?

8. Tired _____ Alert

How do you feel now?

9. Tired _____ Alert

How would you describe your balance and co-ordination upon awakening?

10. More disrupted _____ Less disrupted than usual
than usual



Functional Outcomes of Sleep Questionnaire (FOSQ)

Please mark "✓" as appropriate:

	1	2	3	4
	Yes, extreme	Yes, moderate	Yes, a little	No
1 Do you have difficulty concentrating on the things you do because you're sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you generally have difficulty remembering things because you are sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Do you have difficulty finishing a meal because you become sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Do you have difficulty working on a hobby (like sewing, collecting, or gardening) because you're sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Do you have difficulty doing work around the house (like cleaning, doing laundry, taking out the trash, or making repairs) because you're sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Do you have difficulty operating a motor vehicle for short distances (less than 100 miles) because you become sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have difficulty operating a motor vehicle for long distances (greater than 100 miles) because you become sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Do you have difficulty getting things done because you're too sleepy or tired to drive or take public transportation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you have difficulty taking care of financial affairs and doing paperwork (like writing checks, paying bills, keeping financial records, or filling out tax forms) because you're sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you have difficulty performing employed or volunteer work because you're sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOSQ-10 Score				<input type="text"/>

Outcomes of Sleep Questionnaire (FOSQ-10) | Week 6 Data

It's time to record the last set of data. Congratulations! After this, you'll have completed the dōTERRA Serenity Sleep System Challenge.

1. Open your fitness tracker app and find the following sleep data from the past week.

If you can't find everything, don't worry! Just enter what you have.

Total minutes asleep

Total minutes in bed

Minutes in REM

Percent (%) of time in REM

Minutes in light sleep

Percent (%) of time in light sleep

Minutes in deep sleep

Percent (%) of time in deep sleep

Bedtime

Wake time



Share your data as
part of the study.

2. Find your fitness and activity data for the **past week**.

If you can't find everything, don't worry! Just enter what you have.

Steps

Activity/exercise minutes

Heart rate variability

Resting heart rate

Leeds Sleep Evaluation Questionnaire

Instructions

- 1. Mark where you are on each question.
- 2. Measure how your mark is from the left in millimeters to find your scores.
- 3. Average the measurements for an overall score.

How would you describe the way you currently fall asleep in comparison to usual?

- 1. More difficult than usual _____ Easier than usual
- 2. Slower than usual _____ More quickly than usual
- 3. Less sleepy than usual _____ More sleepy than usual

How would you describe the quality of your sleep compared to normal sleep?

- 4. More restless _____ Calmer than usual
than usual
- 5. With more wakeful _____ Less wakeful periods
periods than usual than usual

How would you describe your awakening in comparison to usual?

- 6. More difficult than usual _____ Easier than usual
- 7. Longer than usual _____ Shorter than usual

How do you feel when you wake up?

- 8. Tired _____ Alert

How do you feel now?

- 9. Tired _____ Alert

How would you describe your balance and co-ordination upon awakening?

- 10. More disrupted _____ Less disrupted than usual
than usual

Functional Outcomes of Sleep Questionnaire (FOSQ)

Please mark "✓" as appropriate:

	1	2	3	4
	Yes, extreme	Yes, moderate	Yes, a little	No
1 Do you have difficulty concentrating on the things you do because you're sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Do you generally have difficulty remembering things because you are sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Do you have difficulty finishing a meal because you become sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Do you have difficulty working on a hobby (like sewing, collecting, or gardening) because you're sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Do you have difficulty doing work around the house (like cleaning, doing laundry, taking out the trash, or making repairs) because you're sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Do you have difficulty operating a motor vehicle for short distances (less than 100 miles) because you become sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Do you have difficulty operating a motor vehicle for long distances (greater than 100 miles) because you become sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Do you have difficulty getting things done because you're too sleepy or tired to drive or take public transportation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Do you have difficulty taking care of financial affairs and doing paperwork (like writing checks, paying bills, keeping financial records, or filling out tax forms) because you're sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Do you have difficulty performing employed or volunteer work because you're sleepy or tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOSQ-10 Score				<input type="text"/>



Choose one option for each questionnaire item.

1. In general, would you say your health is:

- ☐ 1-Excellent
 ☐ 2-Very good
 ☐ 3-Good
 ☐ 4-Fair
 ☐ 5-Poor

2. For how long (if at all) has your health limited you in each of the following activities?

	Limited for more than 3 months	Limited for 3 months or less	Not limited at all
The kinds or amounts of vigorous activities you can do, like lifting heavy objects, running or participating in strenuous sports	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
The kinds or amounts of moderate activities you can do, like moving a table, carrying groceries, or bowling	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Walking uphill or climbing a few flights of stairs	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Bending, lifting, or stooping	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Walking one block	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Eating, dressing, bathing, or using the toilet	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

3. How much bodily pain have you experienced during the past 4 weeks?

- ☐ 1-None
 ☐ 2-Very Mild
 ☐ 3-Mild
 ☐ 4-Moderate
 ☐ 5-Severe
 ☐ 5-Very Severe

4. Does your health keep you from working at a job, doing work around the house, or going to school?

- ☐ 1-Yes, for more than 3 months
 ☐ 2-Yes, for 3 months or fewer
 ☐ 3-No

5. Have you been unable to do certain kinds or amounts of work, housework, or schoolwork because of your health?

- ☐ 1-Yes, for more than 3 months
 ☐ 2-Yes, for 3 months or fewer
 ☐ 3-No

For each of the following questions, please mark the circle for the one answer that comes closest to the way you've been feeling during the past month.

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
6. During the past month, how much of the time has your health limited your social activities (like visiting with friends or close relatives)?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
7. During the past month, how much of the time have you been a very nervous person?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
8. During the past month, how much of the time have you felt calm and peaceful?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
9. During the past month, how much of the time have you felt downhearted and blue?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
10. During the past month, how much of the time have you been a happy person?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
11. During the past month, how often have you felt so down in the dumps that nothing could cheer you up?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

12. Please mark the circle that best describes whether each of the following statements is true or false for you.	Definitely true	Mostly true	Not sure	Mostly false	Definitely false
"I'm somewhat ill."	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
"I'm as healthy as anyone I know."	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
"My health is excellent."	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
"I've been feeling badly lately."	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

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