

# The Serene Life Wellness Classification System (SLWCS)

## A Culturally Adapted, Age-Stratified Preventive Framework for Holistic Wellness Assessment in Indian Populations

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### Abstract

India is witnessing a high rise in lifestyle disorders. Two decades ago, people above 40 years old were diagnosed or affected; now, teenagers, young adults, and the population in their 30s to 40s are also being affected. Modern healthcare diagnostic systems frequently use laboratory investigations to assess health status, but they often fail to account for the effects of habitual lifestyle factors, primarily diet, Sleep, Physical activity, and exposure to stress and anxiety, as well as the long-term health trajectory. Individuals may temporarily alter their diet, physical activity, and sleep behavior before testing, resulting in biochemical values that appear normal but are not indicative of their ongoing living patterns. This gap is particularly evident in younger and midlife populations, while symptoms stay silent and lifestyle remains the dominant determinant of future health outcomes. And there is no specific classification system that can assess the Indian lifestyle and dietary pattern, which is crucial in preventive health care. The present framework addresses the key gaps in the existing system where lifestyle remains the dominant determinant of future health outcomes.

### Keywords

Preventive health, wellness classification, lifestyle assessment, risk stratification, Indian dietary patterns, holistic health framework

### Objective:

1. To develop a multidimensional, culturally adapted preventive framework
2. To present the conceptual development and structural design
3. A preventive framework intended to classify wellness risk based on sustained lifestyle patterns in the Indian population aged between 16 and 50 years.

## 1. Introduction

### 1.1 The Limits of Snapshot Health Assessment

The healthcare system is experiencing rapid changes that mainly depend on laboratory investigations.

Although important for diagnosing and monitoring diseases, biochemical parameters such as lipid profiles, glucose levels, and inflammatory markers are only a temporary snapshot of physiological health that can be influenced by recent exposures.

The results of laboratory tests can be drastically different based on recent lifestyle behaviors and may not always reflect long-term habit exposures over months or years. (Coskun A et al, 2023).

These values may change within days or weeks in response to dietary restriction, physical activity, sleep modification, or medication adherence, as demonstrated in lifestyle intervention studies showing measurable changes in metabolic biomarkers over short periods. (Shin SW, et al.2020)

In practice, individuals often engage in short-term lifestyle modification before testing and subsequently revert to previous habits once the results normalize. The lack of longitudinal behavioral context provided by laboratory tests makes it difficult to interpret laboratory tests without a lifestyle context, which can obscure true health status and delay preventive actions. (Chu J, et al., 2025)

Creating false reassurance, delaying preventive intervention, and obscuring the true health trajectory are all consequences of this pattern. The need exists for a preventive framework that captures sustained lifestyle exposure instead of episodic biological states.

### 1.2 Lifestyle Trajectory Versus Biological State

Health outcomes emerge from behaviors practiced consistently over time, not from isolated actions. A meaningful preventive assessment must therefore reflect habitual dietary patterns, sleep regularity, daily movement, psychological stress, and baseline genetic vulnerability. Existing assessment tools often examine these elements in isolation or through constructs that inadequately reflect the cultural and behavioral context of Indian populations. (Sikaris KA, 2017)

## 2. Rationale for Population Scope (16–50 Years)

The SLWCS classification framework is crafted for individuals between the ages of 16 and 50, as health outcomes are mainly determined by lifestyle and can be altered. Before midlife, the metabolic dysfunction, cardiometabolic risk, sleep, and psychological stress are largely shaped by behavioural exposure and environmental context.

Beyond approximately 50 years of age, the aetiology of health outcomes increasingly reflects age-dominant biological processes, including hormonal transitions, sarcopenia, vascular aging, immune senescence, and cumulative medication effects. Interpretive precision would be reduced by applying a lifestyle-weighted classification beyond this stage.

By focusing on the 16–50-year population, SLWCS maximizes preventive leverage, minimizes confounding from age-dominant pathology, and targets the period where diagnostic misinterpretation due to short-term behavioural modification is most likely to occur.

## 3. Conceptual Foundation of SLWCS

The foundation of SLWCS is the distinction between biological state and lifestyle trajectory.

- The primary goal of diagnostic investigations is to answer the question 'What is the physiological state at this moment?'
- What lifestyle choices have led to this current state, and where does it appear to be headed?

The present framework is not designed or framed to diagnose disease or predict clinical outcomes; instead, it provides a structured classification of wellness risk based on sustained lifestyle exposure, supporting the early preventive action before irreversible pathology development.

## 4. Framework Architecture

### 4.1 Overview

SLWCS is a point-based classification system with a maximum score of **120 points**, distributed across five domains selected for their cumulative influence on metabolic, functional, and psychological health. Higher scores reflect healthier, more sustainable lifestyle patterns.

An age-stage stratified model is used to categorize dietary patterns, sleep architecture, physical activity matrix, family history load, and mental health spectrum. As a contextual interpretive layer, the framework incorporates non-scored symptom mapping into its cumulative wellness classification score.

SLWCS is proposed as a preventive screening and wellness classification tool, complementary to clinical diagnostics, designed to support early risk identification, longitudinal lifestyle assessment, and targeted preventive interventions.

## 5. Core Domains

### 5.1 FOODS Framework – Dietary Patterns (50 Points)

The framework's food-based classification is crucial due to significant changes in the population's diet over the past two decades. Availability and variety have increased a lot.

The FOODS framework uses culturally relevant categories to capture dietary exposure instead of binary food labeling.

A novel five-component system was developed to capture Indian dietary complexity:

**F - Fresh & Functional Foods (0-5 points):** Minimally processed whole foods, including vegetables, fruits, whole grains, legumes, and fresh dairy consumed in traditional preparations.

**O - Oils & Fats Classification (0-10 points):** A four-tier system addressing the Indian oil confusion epidemic: (O1) industrial refined oils with high omega-6 ratios, (O2) cold-pressed oils used inappropriately (heating destroying benefits), (O3) trans fats and partially hydrogenated oils, (O4) traditional fats used appropriately (ghee, coconut oil, mustard oil in balanced quantities).

**O - Organized Packaged Foods (0-10 points):** Commercially processed, shelf-stable products subcategorized into: health-marketed foods (oats, muesli, protein bars often high in hidden sugars), snack foods (chips, biscuits, namkeen), ready-to-eat meals (instant noodles, frozen parathas), packaged beverages (juices, energy drinks), and processed dairy alternatives.

**D - Disruptive Street & Festive Foods (0-10 points):** A culturally-specific category capturing high-palatability foods unique to the Indian context: street foods (chaats, pani puri, vada pav, samosas, pakoras), festival/celebration foods (biryani, haleem, mithai, fried preparations), and frequent restaurant/takeout consumption. Scoring emphasizes frequency and context rather than absolute prohibition.

**S - Sugar & Sweetness Spectrum (0-10 points):** Comprehensive assessment of added sugars including: obvious sources (sweets, desserts, soft drinks), hidden sugars (condiments, bread, flavored products), artificial sweeteners (causing metabolic confusion despite zero calories), and natural sugars misused (fruit juices, excess dried fruits, honey/dates overconsumption).

**Scoring methodology:** Higher scores indicate healthier patterns. Total possible: 50 points. Categories: Optimal (40-50), Good (30-39), Concerning (20-29), Critical (0-19).

### Dimension 2: Sleep Architecture (15 points)

Three components assessed: (S1) Duration (0-5 points) based on 7-9 hour optimal range with penalties for both insufficient and excessive sleep, (S2) Quality (0-5 points) evaluated through sleep latency, night wakings, and daytime restoration, (S3) Circadian Alignment (0-5 points) considering sleep timing relative to natural light-dark cycles, circadian rhythm consistency, and special penalties for night-shift work.

### Dimension 3: Physical Activity Matrix (15 points)

Four components captured: (A1) Aerobic activity (0-4 points) based on WHO recommendations of 150 minutes moderate or 75 minutes vigorous weekly activity, (A2) Strength/resistance training (0-4 points) assessing frequency and comprehensiveness, (A3) NEAT - Non-Exercise Activity Thermogenesis (0-4 points) evaluating daily movement through step counts and sedentary time, (A4) Recovery & flexibility (0-3 points) including yoga, stretching, and adequate rest days. Cultural adaptation: traditional activities (vigorous household work, farming, manual labor) counted toward activity targets.

**Dimension 4: Family History Load (10 points, reverse scored)**

Burden calculation based on first-degree relatives with major chronic diseases: diabetes (+2 per parent, +3 if both, +1 sibling), cardiovascular disease (+2 if parental event <60 years), cancer (+2 per parent), autoimmune conditions (+1), mental health disorders (+1). Reverse scoring: minimal burden (0-2 points) = 10/10, moderate (3-5) = 7/10, high (6-8) = 4/10, very high (9+) = 1/10. Interpretation emphasizes risk awareness, guiding prevention intensity rather than genetic determinism.

**Dimension 5: Mental Health Spectrum (15 points)**

Three components assessed: (M1) Chronic stress load (0-5 points) evaluating stress intensity, coping mechanisms, and physical stress manifestations, (M2) Anxiety/depression symptoms (0-5 points) using validated screening questions, (M3) Social connection & purpose (0-5 points) assessing relationship quality, community involvement, and sense of meaning. Cultural considerations: joint family dynamics, societal pressures (marriage, children, career, appearance), and gender-specific stressors.



**FIGURE 1 — SLWCS FRAMEWORK**  
**Total SLWCS Score: 120 points possible**

**6. Age-Stage Stratification**

Three life stages with distinct metabolic and lifestyle characteristics:

**Foundations (16-25 years):** Peak metabolic flexibility, habit formation critical period, epigenetic programming window. Risk categories: Excellent foundation (90-120), Building with cracks (70-89), Foundation failure (<70).

**Crossroads (25-35 years):** Metabolic decline onset, fertility peak/decline, maximum life stress, first disease manifestations. Make-or-break decade for lifelong health trajectory. Risk categories: Navigating well (85-120), Dangerous crossroads (60-84), Wrong path (<60).

**Reckoning (35-50 years):** Hormonal transitions, chronic disease crystallization, generational caregiving. Consequences are visible, but reversal is possible with intensive intervention. Risk categories: Aging gracefully (80-120), Disease crystallizing (55-79), Crisis mode (<55).

Age-stage thresholds were established through expert consensus considering epidemiological data on disease onset patterns in Indian populations (30,31).

**6.1 Risk Stratification Levels**

Five wellness categories established across all age groups:

**Level 5 - Thrivers (90-120 points):** Optimal across dimensions, low disease, risk, high predicted health span.

**Level 4 - Balancers (75-89 points):** Generally healthy with 1-2 areas needing attention, low-moderate risk if corrected within 6-12 months.

**Level 3 - Strugglers (55-74 points):** Multiple problem areas with symptoms present, moderate-high risk requiring comprehensive lifestyle intervention.

**Level 2 - Clingers (35-54 points):** Severe multi-dimensional dysfunction, diagnosed diseases likely present, high risk requiring intensive medical and lifestyle intervention.

**Level 1 - Critical (0-34 points):** Crisis state with multiple diagnoses and rapidly declining health, very high risk requiring immediate comprehensive intervention.

These categories are for interpretation and prevention, not diagnosis.

### 7. Symptom Mapping as a Non-Scored Interpretive Layer

Non-scored contextual component SLWCS includes symptom mapping. Symptoms are not included in the scoring process because of their transient and subjective nature. Instead, they serve to:

- Explain how lived experience is not reflected in numerical scores.
- Detect early dysfunction before diagnostic abnormalities occur.
- Guide clinical discussions and referral decisions.

The practical relevance is enhanced while maintaining scientific rigor with this design.

### 8. Preventive Application

SLWCS is intended for use in:

- Preventive screening
- Lifestyle counseling intake
- Community and corporate wellness programs
- Longitudinal self-monitoring

Using the framework alongside diagnostic testing provides behavioral context that enhances the interpretation of laboratory findings and decreases false reassurance from short-term normalization.

### 9. Ethical Considerations

SLWCS:

- Is not a diagnostic or treatment tool
- Does not replace medical evaluation
- Uses mental health items strictly at a screening level

Individuals identified as high risk should be referred for appropriate clinical assessment.

### 10. Limitations and Future Directions

Only the conceptual framework and classification architecture are included in this manuscript. Empirical validation, reliability testing, and outcome correlation are planned as subsequent research phases. In the future, it is possible to adapt the framework for older populations with age-specific weighting.

### 11. Conclusion

A preventive health assessment approach that is culturally grounded, age-aware, and behavior-anchored is introduced by the Serene Life Wellness Classification System. By moving away from episodic diagnostics and towards sustained lifestyle patterns, SLWCS addresses a significant gap in modern healthcare and offers a structured way to intervene early in younger and midlife populations.

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ANNEXURE A

The Serene Life Wellness Classification System (SLWCS)

Complete Framework Description

I. Overview

The Serene Life Wellness Classification System (SLWCS) is a comprehensive, culturally-adapted framework for holistic health assessment in Indian populations. The system integrates five weighted dimensions with age-stage stratification to provide a total wellness score ranging from 0 to 120 points.

II. Core Dimensions and Scoring

Dimension 1: FOODS Framework (50 points)

A culturally-specific dietary assessment comprising five components:

Component	Points	Description
F - Fresh & Functional Foods	0-5	Minimally processed whole foods (vegetables, fruits, whole grains, legumes, fresh dairy) are consumed in traditional preparations. Scoring based on daily servings: 0-1 servings (0 pts), 2-3 servings (2 pts), 4-5 servings (4 pts), 6+ servings (5 pts).
O - Oils & Fats Classification	0-10	Four-tier system: (1) Refined oils/trans fats (0 pts), (2) Cold-pressed oils used inappropriately for high heat (3 pts), (3) Oils appropriately matched to cooking temperature (7 pts), (4) Balanced traditional fats with optimized omega-3:6 ratio (10 pts).
O - Organized Packaged Foods	0-10	Commercially processed products (chips, biscuits, ready meals, packaged beverages, processed dairy). Frequency: Daily (0 pts), 4-6x/week (3 pts), 2-3x/week (7 pts), ≤1x/week (10 pts).
D - Disruptive Street & Festive Foods	0-10	Culturally-specific high-palatability foods (street foods: chaat, samosa, momos; festival foods: biryani, mithai, fried preparations). Frequency: Daily/5+x/week (0 pts), 3-4x/week (3 pts), weekly (7 pts), occasions only (10 pts).
S - Sugar & Sweetness Spectrum	0-10	All added sugars, including obvious sources (sweets, desserts), hidden sugars (condiments, packaged foods), artificial sweeteners, and natural sugars misused. Daily intake: 6+ tsp equivalent (0 pts), 3-5 tsp (3 pts), 1-2 tsp (7 pts), minimal/none (10 pts).

Dimension 2: Sleep Architecture (15 points)

Three components assessing sleep quantity, quality, and circadian alignment:

Component	Points	Scoring Criteria
Duration	0-5	<5 hours (0 pts), 5-6 hours (1 pt), 6-7 hours (3 pts), 7-9 hours (5 pts)
Quality	0-5	Very poor with frequent waking (0 pts), Poor (2 pts), Decent (4 pts)

		pts), Excellent with refreshing sleep (5 pts)
Circadian Alignment	0-5	After 2 AM or night shift (0 pts), 12-2 AM (1 pt), 11 PM-12 AM (3 pts), Before 11 PM (5 pts)

**Dimension 3: Physical Activity Matrix (15 points)**

Five components capturing structured exercise, daily movement, and recovery:

Component	Points	Scoring Criteria
Aerobic Activity	0-4	Weekly minutes: <30 (0 pts), 30-75 (2 pts), 75-150 (3 pts), 150+ (4 pts)
Strength Training	0-3	Frequency: Never (0 pts), Once/week (1 pt), 2-3x/week (3 pts)
Daily Movement (NEAT)	0-4	Daily steps: <3,000 (0 pts), 3,000-5,000 (1 pt), 5,000-8,000 (2 pts), 8,000+ (4 pts)
Functional Fitness	0-3	Stair climbing capacity without breathlessness: Cannot climb 1 floor (0 pts), 1 floor (1 pt), 2-3 floors (2 pts), 4+ floors (3 pts)
Recovery & Flexibility	0-2	Yoga/stretching practice and rest days: None (0 pts), Occasionally (1 pt), Regular (2 pts)

**Dimension 4: Family History Load (10 points - Reverse Scored)**

Genetic disease burden in first-degree relatives. Higher burden results in lower scores, indicating increased risk requiring more aggressive prevention:

Family Disease History	Score
Diabetes: Both parents (0 pts), One parent (2 pts), Sibling only (3 pts), None (5 pts)	0-5 points
Heart disease/Cancer/Autoimmune: Multiple family members/conditions (0 pts), One or two members (2 pts), None (5 pts)	0-5 points

**Dimension 5: Mental Health Spectrum (15 points)**

Three components assessing psychological well-being and social connections:

Component	Points	Scoring Criteria
Chronic Stress	0-5	Burnout with physical symptoms (0 pts), High stress/poor coping (2 pts), Moderate with coping (4 pts), Manageable with effective coping (5 pts)
Anxiety/Depression	0-5	Severe affecting function (0 pts), Moderate (2 pts), Mild/occasional (4 pts), No significant symptoms (5 pts)
Social Connection & Purpose	0-5	Isolated/no purpose (0 pts), Limited connections (2 pts), Some good relationships (4 pts), Strong connections/clear purpose (5 pts)

**III. Age-Stage Stratification**

The framework recognizes three distinct life stages with different metabolic vulnerabilities and intervention potentials:

Life Stage	Age Range	Characteristics & Interpretation
Foundations	16-25 years	Peak metabolic flexibility, critical habit formation period, epigenetic programming window. Score thresholds: Excellent ≥90, Concerning 70-89, Critical <70. This stage establishes lifelong metabolic patterns.

Crossroads	25-35 years	Metabolic decline onset, fertility peak/decline, maximum life stress, and first disease manifestations. Make-or-break decade for long-term health trajectory. Thresholds: Excellent $\geq 85$ , Concerning 60-84, Critical $< 60$ . Highest intervention potential.
Reckoning	35-50 years	Hormonal transitions, chronic disease crystallization, and generational caregiving stress. Consequences of decades manifest, but reversal is still possible with intensive intervention. Thresholds: Excellent $\geq 80$ , Concerning 55-79, Critical $< 55$ .

#### IV. Risk Stratification: Five Wellness Levels

Total SLWCS scores stratify individuals into five wellness categories with distinct risk profiles and intervention recommendations:

Level	Score Range	Interpretation & Recommended Actions
Level 5: THRIVERS	90-120	Status: Optimal wellness across multiple dimensions, low disease risk, high predicted healthspan. Action: Maintain current practices, reassess every 6 months, optimize any dimension below 80%, and consider mentoring others.
Level 4: BALANCERS	75-89	Status: Generally healthy with 1-2 specific areas needing attention. Low-moderate risk if weaknesses are addressed within 6-12 months. Action: Target the lowest-scoring dimensions, goal to reach Thriver status within 6 months, reassess every 3 months.
Level 3: STRUGGLERS	55-74	Status: Multiple problem areas with symptoms likely present. Critical intervention window where significant improvement is achievable with comprehensive lifestyle changes. Moderate-high disease risk. Action: Comprehensive multi-dimensional intervention required, professional guidance recommended, goal to reach Balancer within 3-6 months, monthly reassessment.
Level 2: CLINGERS	35-54	Status: Severe dysfunction across multiple dimensions. Diagnosed health conditions are likely present or imminent. High disease risk. Action: Intensive medical and lifestyle intervention urgently needed, join a structured wellness program, and bi-weekly monitoring for the first 3 months. Likely requires both pharmacological and lifestyle approaches.
Level 1: CRITICAL	0-34	Status: Crisis state with multiple diagnoses likely present, quality

		<p>of life severely impacted, health rapidly declining. Very high risk. Action: Immediate comprehensive medical intervention required, coordinate with the healthcare team, intensive support essential, weekly monitoring for the first month. Requires multi-disciplinary crisis management.</p>
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#### V. Scoring Methodology

##### Total Score Calculation

SLWCS Total Score = Dimension 1 (0-50) + Dimension 2 (0-15) + Dimension 3 (0-15) + Dimension 4 (0-10) + Dimension 5 (0-15)

Maximum Possible Score: 120 points

##### Percentage Calculation by Dimension

For each dimension: Percentage = (Actual Score ÷ Maximum Possible Score) × 100

Example: FOODS score of 35/50 = (35 ÷ 50) × 100 = 70%

##### Interpretation Guidelines

- Dimension scores below 60% indicate priority intervention areas
- Overall score combined with age-stage classification determines wellness level
- Family history (Dimension 4) contextualizes risk but doesn't modify intervention threshold
- Single dimension deficiency can drive overall poor health despite other dimensions being adequate

#### VI. Unique Features

- Disruptive Street & Festive Foods category: Captures episodic high-exposure events unique to Indian dietary patterns not addressed by Western classification systems. Recognizes cultural significance while quantifying metabolic impact.
- Oils & Fats complexity: Four-tier system addressing widespread confusion about oil selection and usage, particularly regarding cold-pressed oils marketed inappropriately.
- Context-dependent scoring: Acknowledges that occasional consumption of culturally important foods (festivals, social gatherings) is healthier than daily consumption that displaces nutrient-dense foods.

SLWCS™ - Serene Life Wellness Classification System

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