

**In Depth Health & Wellness Assessment**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ht \_\_\_\_\_\_\_Wt\_\_\_\_\_\_\_Age \_\_\_\_\_\_HR \_\_\_\_\_\_BP\_\_\_\_\_\_\_

**I. Physical**

**Exercise**

How Often Do You Exercise: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Types of Exercises:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How true are the following statements:** Not at all Disagree Slightly Agree Agree Strongly Agree

I enjoy exercising/exercising is energizing 0 1 2 3 4

I can find time and am motivated to exercise 0 1 2 3 4

I get irritable when I don’t exercise 0 1 2 3 4

I frequently “push myself to the limits” or too far 0 1 2 3 4

I feel I have good flexibility, posture, and balance 0 1 2 3 4

Injuries/Pain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where do you feel you hold the most tension? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often do you sit during the day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hobbies & activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nutrition**

Do You Follow a Special Diet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which meals do you regularly eat? ☐Breakfast ☐Lunch ☐Dinner ☐Snack (when)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your intake like of the following foods? Never Rarely Occasionally Regularly Constantly

Starch 0 1 2 3 4

Fruit 0 1 2 3 4

Vegetable 0 1 2 3 4

Dairy 0 1 2 3 4

Meat 0 1 2 3 4

Fats & dressings 0 1 2 3 4

Junk Food 0 1 2 3 4

Daily Water Intake: \_\_\_\_\_\_\_\_\_\_\_☐alcohol ☐caffeine ☐juice ☐soda/pop ☐energy drinks ☐tobacco

Cooking vs. Eating out: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typical Food Prep: ☐Baked ☐Broiled ☐Fried ☐Steamed ☐Microwave ☐Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Internal Health**

Current diagnoses? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often are you ill, and how long to recover? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How is your immune/respiratory health? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How is your overall digestion? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How is your circulation/cardiovascular health? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the quality of your sleep and energy?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any hormonal imbalances? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Women) How is your monthly cycle? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. Mental/Emotional State**

**Evaluating Thought Patterns**

**How true are the following statements:** Not at all Disagree Slightly Agree Agree Strongly Agree

I listen to my inner voice/intuition/gut 0 1 2 3 4

I find it easy to set and meet my goals 0 1 2 3 4

I find it easy to make decisions 0 1 2 3 4

It’s easy for me to concentrate and focus 0 1 2 3 4

I often find myself feeling like a victim 0 1 2 3 4

I generally think positive thoughts about myself 0 1 2 3 4

I generally think positively about others & the world 0 1 2 3 4

I consider myself aware of my mind and body 0 1 2 3 4

I consider myself very open minded 0 1 2 3 4

I find it easy to change and adapt easily to change 0 1 2 3 4

It’s easy for me to think too much “should, would, could” 0 1 2 3 4

I often feel like I am in a fog and dragging my feet 0 1 2 3 4

**Evaluating Emotional State**

**How true are the following statements:** Not at all Disagree Slightly Agree Agree Strongly Agree

I am controlled largely by my emotions 0 1 2 3 4

I am sensitive and take things very personally 0 1 2 3 4

I find it easy to experience joy and happiness 0 1 2 3 4

I find it easy to find peace and relax 0 1 2 3 4

I easily experience mood swings 0 1 2 3 4

I am prone to anger or have a short temper 0 1 2 3 4

I find it easy to cry, even therapeutic 0 1 2 3 4

I am easily depressed, withdrawn, or bored 0 1 2 3 4

I experience many anxieties and worries 0 1 2 3 4

It is easy for me to feel guilt or shame 0 1 2 3 4

I have a high level of compassion for others 0 1 2 3 4

I easily feel fidgety, restless, and unable to sit still 0 1 2 3 4

I feel connected to myself 0 1 2 3 4

I feel it’s easy to connect with others 0 1 2 3 4

It’s easy to live, think, and feel in the present moment 0 1 2 3 4

**Evaluating Stress & Coping**

How do you cope with stress? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are your main sources of stress? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How true are the following statements:** Not at all Disagree Slightly Agree Agree Strongly Agree

I am easily stressed 0 1 2 3 4

I am confidant in my ability to deal with adversity/stress 0 1 2 3 4

I find it easy to let go of things that bother me 0 1 2 3 4

I easily become attached to thoughts, people, things 0 1 2 3 4

I find it easy to ruminate, analyze, and over-think 0 1 2 3 4

I prefer to deal with stress by myself 0 1 2 3 4

I prefer to deal with stress with others 0 1 2 3 4

I prefer to deal with stress by relaxing 0 1 2 3 4

I prefer to deal with stress by being active 0 1 2 3 4

I feel I can easily manage my time 0 1 2 3 4

I let “the little things” get to me 0 1 2 3 4

My stress is largely circumstantial 0 1 2 3 4

My stress is largely from situations I create in my head 0 1 2 3 4

**Evaluating Quality of Life**

**How true are the following statements:** Not at all Disagree Slightly Agree Agree Strongly Agree

I am happy with myself 0 1 2 3 4

I am happy with my significant other 0 1 2 3 4

I am happy with my social relationships 0 1 2 3 4

I enjoy my job or study 0 1 2 3 4

I am financially stable 0 1 2 3 4

I feel I am fulfilling my life purpose 0 1 2 3 4

I am happy with the way I look & feel 0 1 2 3 4

I enjoy my life 0 1 2 3 4

I have time & means to do the things I enjoy 0 1 2 3 4

I am satisfied with my spiritual or religious practices 0 1 2 3 4