

0 = Never or almost never (once a year or less)
1 = Seldom (2 to 12 times / year)
2 = Occasionally (2 to 4 times / month)
3 = Often (2 to 3 times / week)
4 = Regularly (4 to 6 times / week)
5 = Daily (every day)

Health and Wellness Questionnaire

Answer the questions in each section below and total your score. Each response will be a number from 0 to 5. Please refer to the frequency described within the parentheses (e.g. "2 to 3x/wk") when answering questions about an activity, e.g. "Do you maintain a healthy diet."

However, when the question refers to an attitude or an emotion (most of the Mind and Spirit Questions), e.g., "Do you have a sense of humor?" the response is more subjective, less exact, and you can refer only to the terms describing the frequency, such as often or daily, but not to the numbered frequencies in parentheses.

BODY: Physical and Environmental Health

1. Do you maintain a healthy diet (low fat, low sugar, fresh fruits, grains and vegetables)? _____
2. Is your water intake adequate (at least ½ oz./lb. of body weight; 160 lbs. = 80 oz.)? _____
3. Are you within 20 percent of your ideal body weight? _____
4. Do you feel physically attractive? _____
5. Do you fall asleep easily and sleep soundly? _____
6. Do you awaken in the morning feeling well-rested? _____
7. Do you have more than enough energy to meet your daily responsibilities? _____
8. Are your five senses acute? _____
9. Do you take time to experience sensual pleasure? _____
10. Do you schedule regular massage or deep-tissue body work? _____
11. Does your sexual relationship feel gratifying? _____
12. Do you engage in regular physical workouts (lasting at least 20 minutes)? _____
13. Do you have good endurance or aerobic capacity? _____
14. Do you breathe abdominally for at least a few minutes? _____
15. Do you maintain physically challenging goals? _____
16. Are you physically strong? _____
17. Do you do some stretching exercises? _____
18. Are you free of chronic aches, pains, ailments, and diseases? _____
19. Do you have regular effortless bowel movements? _____
20. Do you understand the causes of your chronic physical problems? _____
21. Are you free of any drug (including caffeine and nicotine) or alcohol dependency? _____
22. Do you live /work in a healthy environment with respect to clean air, water, and indoor pollution? _____
23. Do you feel energized or empowered by nature? _____
24. Do you feel a connection and appreciation for your body, your home, and your environment? _____
25. Do you have an awareness of life-energy or chi? _____

Total BODY Score : _____

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MIND: Mental and Emotional Health

1. Do you have specific goals in your personal and professional life? _____
2. Do you have the ability to concentrate for extended periods of time? _____
3. Do you use visualization or mental imagery to help you attain your goals or enhance your performance? _____
4. Do you believe it is possible to change? _____
5. Can you meet your financial needs and desires? _____
6. Is your outlook basically optimistic? _____
7. Do you give yourself more supportive messages than critical messages? _____
8. Does your job utilize all of your greatest talents? _____
9. Is your job enjoyable and fulfilling? _____
10. Are you willing to take risks or make mistakes in order to succeed? _____
11. Are you able to adjust beliefs and attitudes as a result of learning from painful experiences? _____
12. Do you have a sense of humor? _____
13. Do you maintain peace of mind and tranquility? _____
14. Are you free from a strong need for control or the need to be right? _____
15. Are you able to fully experience (feel) your painful feelings such as fear, anger, sadness, and hopelessness? _____
16. Are you aware of and able to safely express fear? _____
17. Are you aware of and able to safely express anger? _____
18. Are you aware of and able to safely express sadness or cry? _____
19. Are you accepting of all your feelings? _____
20. Do you engage in meditation, contemplation, or psychotherapy to better understand your feelings? _____
21. Is your sleep free from disturbing dreams? _____
22. Do you explore the symbolism and emotional content of your dreams? _____
23. Do you take the time to let down and relax, or make time for activities that constitute the abandon or absorption of play? _____
24. Do you experience feelings of exhilaration? _____
25. Do you enjoy high self-esteem? _____

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SPIRIT: Spiritual and Social Health

1. Do you actively commit time to your spiritual life? _____
2. Do you take time for prayer, meditation, or reflection? _____
3. Do you listen and act upon your intuition? _____
4. Are creative activities a part of your work or leisure time? _____
5. Do you take risks or exceed previous limits? _____
6. Do you have faith in a God, spirit guides, or angels? _____
7. Are you free from anger toward God? _____
8. Are you grateful for the blessings in your life? _____
9. Do you take walks, garden, or have contact with nature? _____
10. Are you able to let go of your attachment to specific outcomes and embrace uncertainty? _____
11. Do you observe a day of rest completely away from work, dedicated to nurturing yourself and your family? _____
12. Can you let go of self-interest in deciding the best course of action for a given situation? _____
13. Do you feel a sense of purpose? _____
14. Do you make time to connect with young children, either your own or someone else's? _____
15. Are playfulness and humor important to you in your daily life? _____
16. Do you have the ability to forgive yourself and others? _____
17. Have you demonstrated the willingness to commit to a marriage or comparable long-term relationship? _____
18. Do you experience intimacy, besides sex, in your committed relationships? _____
19. Do you confide in or speak openly with one or more close friends? _____
20. Do you or did you feel close to your parents? _____
21. If you have experienced the loss of a loved one, have you fully grieved that loss? _____
22. Has your experience of pain enabled you to grow spiritually? _____
23. Do you go out of your way or give your time to help others? _____
24. Do you feel a sense of belonging to a group or community? _____
25. Do you experience unconditional love? _____

Total SPIRIT Score _____

Combined Total BODY, MIND, SPIRIT Score _____

HEALTH SCALE:

- 325 – 375 Optimal Health = THRIVING
- 275 – 324 Excellent Health
- 225 – 274 Good Health
- 175 – 224 Fair Health
- 125 – 174 Below Average Health
- 75 – 124 Poor Health
- Less than 75 Extremely Unhealthy = SURVIVING