

First, wellness or wellbeing is not just physical health. It encompasses the emotional, spiritual, and cognitive and physical attributes of you- a distinctive individual. In order to meet your unique needs, there are some questions to answer that are vital to the direction to take in achieving your ultimate experience of wellbeing.

Please fill out the form below to the best of your ability, knowing this information is never shared with anyone without your permission.

I would like to thank you in advance for taking the time and careful thought that this survey requires. The model of wellbeing that truly enhances your life-balance, embraces your individuality, gives you options, and guides your decisions. I am excited about this opportunity to partner informally with you as we explore a personalized program that represents a rock-solid investment in yourself regardless of your budget. With an open heart and open mind, expect a palpable improvement in your overall wellbeing. My goal is to earn your trust by exceeding your expectations.

Your answers on this form will help me better understand your health concerns and life conditions. ***If you are uncomfortable with any question, do not answer it.*** Thank you.

Name: (Please Print) _____ Age: ____ DOB _____

Address: _____

Email: _____ Phone: _____

How would you rate your general physical health? (Circle 1) Excellent Good Fair Poor

Your primary goal for this program is:

Do you have any health concerns or conditions that may affect your full participation?

Allergies or reactions to medications: _____

MEDICATIONS: Prescription and non-prescription medicines, vitamins, home remedies, birth control pills, herbs, etc.

Include Medication Dose (e.g., mg/pill) and how many times per day you take it.

For the next questions, please circle the best answer.

A. The Breath

- | | | |
|--|-----|----|
| 1. I sigh at least every hour. | Yes | No |
| 2. I am aware of my breath. | Yes | No |
| 3. I find myself very short of breath when I exercise. | Yes | No |
| 4. I have frequent nasal congestion. | Yes | No |
| 5. I have seasonal allergies | Yes | No |

If yes please explain the season and symptoms.

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|--|-----|----|
| 6. I find myself slumping at the wheel when I drive or sit at the computer. | Yes | No |
| 7. [Circle your choice] I breathe abdominally <u>most some none</u> of the time. | | |
| 8. I feel that I have good aerobic endurance. | Yes | No |

B. Movement

- | | | |
|---|-----|----|
| 1. It is easy for me to assume a squatting position | Yes | No |
| If no, please explain what limits you. | | |
| [For example, joint stiffness, pain, balance] | | |

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|---|-----|----|
| 2. I find myself dancing to music several times a day, even when alone. | Yes | No |
| 3. I exercise regularly. | Yes | No |
| If yes, describe the exercise: | | |

- | | | |
|---|-----|----|
| 4. It is easy for me to move upon awakening in the morning. | Yes | No |
| 5. I <u>always sometimes never</u> stretch before I get out of bed. | | |

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|--|-----|----|
| 6. My occupation is sedentary for long periods of time. | Yes | No |
| 7. I <u>always sometimes never</u> take movement breaks at work. | Yes | No |
| 8. I find exercise fun. | Yes | No |
| 9. I don't have time to exercise. | Yes | No |
| 10. I have specific health goals. | Yes | No |

C. Environmental Health - Inside and Out

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|--|-----|----|
| 1. I maintain a healthy diet by the following: | | |
| a. no trans-fat | Yes | No |
| b. no refined sugar | Yes | No |
| c. I include fresh, local produce | Yes | No |
| d. I include whole grains | Yes | No |
| c. no processed food | Yes | No |
| 2. I am satisfied with my weight. | Yes | No |
| 3. I work in a healthy area environment with clean air, water,
and <u>low/no</u> indoor pollution | Yes | No |
| 4. I live in a healthy area environment with clean air, water,
and <u>low/no</u> indoor pollution | Yes | No |
| 5. I go outside and place my feet on the ground without shoes daily. | Yes | No |
| 6. I plan time each day to get outside. | | |
| 7. My water intake is at least 64 ounces of water per day. | Yes | No |
| 8. I sleep well at night in a darkened room with no electric lights. | Yes | No |
| If no, explain why _____ | | |
| _____ | | |
| 9. I have a strong connection to my home, body and environment. | Yes | No |
| 10. I hold my stress in _____. [Which part of the body?] | | |
| _____ | | |
| 11. I do not use recreational drugs. | Yes | No |
| 12. My energy flow is sufficient to get me through the day. | Yes | No |
| 13. I fall asleep easily. | Yes | No |
| 14. I am aware of qi, or life-energy. | Yes | No |
| 15. I am motivated to develop a connected, holistic lifestyle. | Yes | No |
| 16. Overall, I feel healthy. | Yes | No |

Work/Life Balance

- | | | |
|---|-----|----|
| 1. I engage in meditation or reflection or contemplation regularly. | Yes | No |
| 2. I feel generally unbalanced. | Yes | No |
| 3. I feel stuck. | Yes | No |

- | | | |
|--|-----|----|
| 4. I take time to relax- not at the computer or in front of the TV | Yes | No |
| 5. I find my job fulfilling. | Yes | No |

Comments:

Please describe here any other concerns or areas in your life where you could use some improvement. Are there any other goals that you want to achieve? Is there any area of your life that is particularly unrewarding right now?

Thanks again for your patience and attention in filling out this initial exploration that will help guide you in creating your plan of action to achieve your notably improved state of wellbeing. "Bon voyage!" You should expect to enjoy the journey as much as the destination.