

Our beliefs and values of the world around us has a deep impact on Health and Wellness. In order an effective transformation in health and wellness to occur, some perspectives may need changing as well.

Please answer the questions as accurately as possible, there is no right or wrong answer. If you feel you do not have enough space to answer the question or wish to offer one that is not listed, feel free to add them. Some questions may have multiple answers.

Name: _____

Date: _____

1. Do you have a daily intentional gratitude practice? For example, do you spend a specific allotted time to reflect on what you are grateful for or write in a gratitude journal

- daily intentional practice
- 5 out of 7 days per week
- Often
- sometimes
- rarely
- never

2. We generally experience a particular mood most of the time throughout the day. Of the selection pick one, and writ down the score for yourself

- Ecstatic +7
- Elated +6
- Joyful +5
- Happy +4
- Satisfied +3
- Encouraged +2
- Determined +1
- Anxious -1
- Frustrated -2
- Upset -3
- Disillusioned -4
- Discouraged -5
- Depressed -6
- Miserable -7

3. How do you rate your overall health?

☆☆☆☆☆

4. What do you believe of what you have control over that has contributed to your current health? What do you believe of what you do not have control over that has contributed to your current health?

5. What do you believe about yourself?

6. What do you believe about others?

7. What do you believe about life or the world?

8. Do you believe that life is?

- For you
- Against you

9. How is your self-esteem or confidence?

- Strong
- Average
- Weak
- Absent

10. Is life generally

- Fulfilling and a source of joy
- A struggle and the source of pain
- neither

11. Obstacles in the way are

- An opportunity to grow
- A problem to overcome

12. What is your opinion about complementary medicine practices like acupuncture, essential oils, sound therapy, hypnosis, EMT, Chinese medicine, Ayurvedic?

- I Strongly believe in them
- I actively get treatments
- I rarely use
- I don't know what they are
- I don't know where to get it
- Never experienced it
- I don't believe in them

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- I wish I knew more
- I wish I had more
- It compliments well medical treatments
- I use it before a medical treatment
- I want more information
- I am open to it
- I am not open to it

13. Are you involved with any spiritual practice?

- daily
- most of the time
- weekly
- monthly
- rarely
- never

14. If you are active in spiritual work, what type and what does it give you?

15. Are you open to spiritual work or accepting of others who have it?

- Yes
- No
- Maybe

16. how do you rate your family life in having a warm, supportive and actively connected family?

- strong
- ok
- average
- weak
- poor
- absent

17. how frequent are you in touch with family members, children, siblings, parents?

- every day
- several times a week
- once a week
- several times a month
- once a month
- seldom

18. how involved are you with your community (neighborhood, friends, colleagues? groups)

- Daily
- weekly
- mostly
- seldom
- never

19. Leisure and adventure time

- often and planned / scheduled
- often and unplanned / not scheduled
- infrequent but planned
- infrequent but spontaneous
- once a year
- almost never / never

20. How fulfilled are you with leisure and adventure time?

- very
- moderate
- somewhat
- not at all

21. What do you wish you were doing more of?

22. Would you say that your habits are well thought out, planned, scheduled and implemented?

- yes
- no

23. Of your good habits, do you believe you have enough

- yes
- no
- fall really short of what I want
- don't care

24. Do you believe habits are important?

- Yes
- No

25. What is your belief about habits?

26. Do you have too many bad habits

- Yes
- No

27. Do your bad habits negatively impact?

- Your health
- Your productivity
- Your happiness
- Your relationship with others
- Self esteem

28. Do you have a compelling future?

- yes
- no
- Don't know what that is
- I used to
- vaguely

29. Do you have a life plan written out?

- Yes
- No
- in my head only
- yes, but it's not complete

30. Do you plan your day, week, month, year?

- daily
- weekly
- monthly
- Yearly

31. Do you have a business plan written out?

- Yes
- No
- in my head only

32. Does your work or daily activities fulfill you

- yes
- yes, but there is room for more
- no
- I'm indifferent

33. Do you have any meditation type of practice?

- Yes
- No

34. Do you take time out for yourself to simply reflect?

- Yes
- No

35. Do you take walks or runs in nature on a regular basis?

- daily
- weekly
- monthly
- rarely / never

36. do you have a breathing practice?

- Yes
- No
- I don't know what that is

37. you regularly work on personal development

- daily
- weekly
- monthly
- yearly
- occasionally over the years
- never
- Option 7

38. What is your opinion on personal development?

- it's important
- it's useful
- don't know anything about it
- I don't need it

39. you regularly go on a personal retreat

- yes
- no

40. how often do you go on a vacation?

- Monthly
- Seasonal
- Yearly
- Never
- every few years

41. Do you consider yourself an optimist?

- Yes
- No
- Maybe

42. When faced with obstacles, do you consider yourself flexible in your approach

- Yes
- No

43. Do you or have you ever had a life or health coach

- Yes
- No

44. Work is

- Stimulating
- Fun
- Fulfilling
- Meaningful
- Pays me what I deserve
- Boring
- Frustrating
- Stressful
- Does not pay me enough
- I don't work
- Other

45. After work I feel (professionally or at home)

- energized
- inspired
- Ready to connect with other
- Fatigued
- Stressed
- Want to be alone

46. I am comfortable in social settings

- I strongly agree
- I agree
- I sometime agree
- Seldom
- I do not agree
- I strongly disagree
- Never
- Option 8

47. Are you financially secure?

- Strongly agree
- Neutral
- Disagree
- Strongly disagree

48. My home environment is

- Calm
- supportive
- clean
- organized
- the way I want it
- Healthy
- stressful
- disruptive
- unclean
- disorganized
- Not the way I want it
- Unhealthy
-

49. My work environment is

- Calm
- Supportive
- Clean
- Organized
- The way I like it
- Healthy
- Stressful
- disruptive

- unclean
- Disorganized
- I don't like it
- Unhealthy

50. I worry

- all the time
- frequently
- sometimes
- rarely
- Never
-

51. I regularly have feelings of (daily or multiple times per week)

- Ecstatic
- Thrilled
- Happy
- Burnt out
- Fatigued
- Sad
- Depressed
- Unmotivated
- Confused
- Anxious

52. Support from medical professionals is

- Outstanding
- Rely on them exclusively
- I get everything I need
- Average
- Poor
- Absent
- I cannot rely on them
- I have trust issues
- I do not get what I need
- I am looking for alternatives

53. How comfortable are you with available information on wellness?

- Very comfortable
- Somewhat comfortable
- Neither comfortable nor uncomfortable
- Somewhat uncomfortable
- Very uncomfortable

54. How comfortable are you in using alternate wellness modalities?

- Very comfortable
- Somewhat comfortable
- Neither comfortable nor uncomfortable
- Somewhat uncomfortable
- Very uncomfortable

55. How often do you seek out alternative wellness modalities?

- Daily
- Weekly
- Monthly
- Seasonal
- Yearly
- Never

56. How do you make your health and wellness decisions?

57. How often do you feel overwhelmed?

- All the time
- Some of the time
- Occasionally
- Rarely
- Never

58. Consumption of the news and media

- 1 hr. per day
- 2-3 hrs. per day
- > 3 hrs. per day
- < 1hr per day
- Rarely – never

59. Social media (work or non-work related)

- 1 hr. per day
- 2-3 hrs. per day
- > 3 hrs. per day
- <1 hr. per day
- Rarely - never

60. I watch TV (including new, movies or other)

- 1 hr. per day
- 2-3 hrs. per day
- > 3 hrs. per day
- <1 hr. per day
- Rarely - never

61. Computer or internet use (not related to work)

- 1 hr. per day
- 2-3 hrs. per day
- > 3 hrs. per day
- <1 hr. per day
- Rarely - never

62. Computer or internet use - work related

- 1 hr. per day
- 2-3 hrs. per day
- > 3 hrs. per day
- < 1 hr. per day
- Rarely - never

63. Do you feel that wellness treatments are?

- easily available
- Hard to find the right one
- Can't get access to them
- Don't know where to start
- Too much conflicting information on the internet

64. I am able to make good decisions (this last year)

- All the time
- Most of the time
- Sometimes
- Rarely
- Never

65. How often are you happy with the medical care you get

- Always
 - most of the time
 - half the time
 - sometimes
 - rarely
 - never
 - I don't need medical care
-