

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## HEALTH & WELLNESS QUESTIONNAIRE

Answer the questions in each section below. Each response will be a number from 0 to 5.

- 0= Strongly disagree (once a year or less)
- 1= Disagree (2 to 12 times / year)
- 2= Mildly disagree (2 to 4 times/ month)
- 3= Mildly agree (2 to 3 times / week)
- 4=Agree (4 to 6 times / week)
- 5=Strongly Agree (daily)

- \_\_\_ When I awake in the morning, I feel well-rested.
- \_\_\_ I feel that I am physically attractive.
- \_\_\_ When I awake in the morning, I feel well-rested.
- \_\_\_ I schedule regular massages or deep-tissue body work.
- \_\_\_ I maintain physically challenging goals in my life.
- \_\_\_ I take time to experience the sensual pleasures in life.
- \_\_\_ I am physically strong.
- \_\_\_ I feel that I have good endurance or aerobic capacity.
- \_\_\_ I am free of any drug (including caffeine, nicotine, and alcohol) dependency.
- \_\_\_ I am physically strong.
- \_\_\_ How frequently do you breath abdominally for at least several minutes?
- \_\_\_ I fall asleep easily and sleep soundly.
- \_\_\_ I understand the causes of my chronic physical problems.
- \_\_\_ My five senses are acute.
- \_\_\_ My sexual relationship feels gratifying.
- \_\_\_ I feel energized and empowered by nature.
- \_\_\_ I maintain a healthy diet (no trans-fats, low sugar, fresh produce, and whole grains).