

INTEGRATIVE HEALTH AND WELLNESS ASSESSMENT™

This **INTEGRATIVE HEALTH and WELLNESS ASSESSMENT** (short form) is intended for informational purposes only. It is not a substitute for professional medical advice, diagnosis or treatment.

DIRECTIONS: This questionnaire contains statements about your present way of life, feelings, and personal habits. Please respond to each item as accurately as possible, and try not to skip any item. Indicate the frequency with which you engage in each item by shading (●) one of the following:

1 = Never 2 = Rarely 3 = Occasionally 4 = Frequently 5 = Always

Life Balance/Satisfaction // _____ / 20	1	2	3	4	5
1. I have balance between my work, family, friends, and self.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I can release anxiety, worry, and fear in a healthy way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I use strategies (breathing, stretching, relaxation, meditation and imagery) to manage stress daily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I recognize negative thoughts and reframe them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationships // _____ / 15					
5. I create and participate in satisfying relationships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I feel comfortable sharing my feelings/opinion without feeling guilty.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I easily express love and concern to those I care about.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual // _____ / 15					
8. I feel that my life has meaning, value, and purpose.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I feel connected to a force greater than myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I make time for reflective practice (affirmation, prayer, meditation).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental // _____ / 15					
11. I prioritize my work and set realistic goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I ask for help/assistance when needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I can accept circumstances and events that are beyond my control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Emotional

/ 20

14. I recognize my own feelings and emotions.

1 2 3 4 5

15. I express my feelings in appropriate ways.

16. I practice forgiveness.

17. I listen to and respect the feelings of others.

 Physical/Nutrition

/ 20

18. I eat at least 5 servings of fruits and vegetables, and recommended whole foods (beans, nuts, etc.) daily.

19. I drink 6-8 glasses of water daily.

20. I eat real food.

21. I eat mindfully (concentrate on eating and not multi-tasking or eating in front of the TV).

 Physical/Exercise

/ 15

22. I do stretching or flexibility exercises (head, neck, shoulders, back, legs) for at least 5 minutes, 3 days a week.

23. I do strength exercises (use strength-training equipment, sit-ups, push-ups) regularly.

24. I do aerobic exercise (jogging, swimming, fitness walking using arms, aerobic dance, active sports) regularly, using at least moderate intensity, 3 or more days a week for at least 30 minutes.

 Physical/Weight

/ 10

25. I maintain an ideal weight.

26. I have gained no more than 11 pounds in adulthood.

 Environmental

/ 15

27. I have a healthy non-toxic home environment.

28. I have a healthy non-toxic work environment.

29. I am aware of how my external environment affects my health and wellbeing.

Health Responsibility

/ 35

- | | 1 | 2 | 3 | 4 | 5 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 30. I believe I am key to my wellbeing and overall health. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 31. I know my blood pressure, triglycerides, cholesterol and glucose levels. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 32. I am aware of my risk factors for disease. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 33. I pay attention to my physical wellbeing and address symptoms as they arise. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 34. I can work and do regular activities of daily life. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 35. I avoid smoking or using smokeless tobacco. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 36. I discuss/formulate a wellness plan with my primary healthcare provider and take (if needed) and know prescribed medications and possible side effects. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Total Score

/ 180

AREAS TO ADDRESS	SCORE	MY READINESS TO CHANGE 1= In one year 2= Within 6 months 3= Next month 4= In two weeks 5= Now	PRIORITY FOR MAKING CHANGE (1-5) 1= Never a priority 2= Very low priority 3= Medium priority 4= Priority 5= Highest priority	CONFIDENCE IN MY ABILITY TO DO IT (1-5) 1= Not at all confident 2= Not very confident 3= Somewhat confident 4= Confident 5= Very confident
Life Balance/Satisfaction	/ 20			
Relationship	/ 15			
Spiritual	/ 15			
Mental	/ 15			
Emotional	/ 20			
Physical/Nutrition	/ 20			
Physical/Exercise	/ 15			
Physical/Weight	/ 10			
Environment	/ 15			
Health Responsibility	/ 35			

ACTION PLAN

Please list 3 changes that you can implement into your current lifestyle over the next 3 months:

1.

2.

3.

Additional changes, comments, thoughts:
