

# Wellness Assessment

For each sentence below, rank your honest impressions of your well being:

*(Circle 1 for 'very poor, 3 for 'average'; 5 for 'excellent'.)*

- 1 2 3 4 5 I wake up with a positive 'can do' attitude most days.
- 1 2 3 4 5 I sleep soundly and awaken feeling refreshed and ready to go.
- 1 2 3 4 5 I easily manage life's daily stresses without excess nervous tension or depression.
- 1 2 3 4 5 I have good mental clarity, i.e., memory and focus.
- 1 2 3 4 5 My level of energy is balanced—I'm able to move through daily activities with ample sustained energy, without caffeine.
- 1 2 3 4 5 When I do physical work or exercise, I recover quickly with minimal soreness and stiffness.
- 1 2 3 4 5 I have adequate muscle strength.
- 1 2 3 4 5 I feel well most days and have infrequent colds/flu or downtime.
- 1 2 3 4 5 I have good digestion and elimination.
- 1 2 3 4 5 I am satisfied with my hair quality, e.g., thickness /gloss / color.
- 1 2 3 4 5 I am satisfied with my skin quality, e.g., moisture /scarring, etc.
- 1 2 3 4 5 For women: My monthly menstrual cycle is regular and uneventful, e.g. without PMS, discomfort, or depression.
- 1 2 3 4 5 I have normal blood pressure.
- 1 2 3 4 5 I have normal blood sugar levels.
- 1 2 3 4 5 I am free from headaches.
- 1 2 3 4 5 I am free from food and environmental allergies / sensitivities.
- 1 2 3 4 5 I am free from respiratory issues, e.g., asthma, bronchitis, other.
- 1 2 3 4 5 I am free from symptoms from previous illnesses.
- 1 2 3 4 5 I am free from pain, e.g., neck, back, knees, other.
- 1 2 3 4 5 I am free from circulation issues, e.g., cold hands / feet, other.