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. I have balance between my work, family, friends, and self.  
2. I can release anxiety, worry, and fear in a healthy way.  
3. I use strategies (breathing, stretching, relaxation, meditation and imagery) to manage stress daily.  
4. I recognize negative thoughts and reframe them.

### Relationships / 15
5. I create and participate in satisfying relationships.  
6. I feel comfortable sharing my feelings/opinion without feeling guilty.  
7. I easily express love and concern to those I care about.

### Spiritual / 15
8. I feel that my life has meaning, value, and purpose.  
9. I feel connected to a force greater than myself.  
10. I make time for reflective practice (affirmation, prayer, meditation).

### Mental / 15
11. I prioritize my work and set realistic goals.  
12. I ask for help/assistance when needed.  
13. I can accept circumstances and events that are beyond my control.
14. I recognize my own feelings and emotions.
15. I express my feelings in appropriate ways.
16. I practice forgiveness.
17. I listen to and respect the feelings of others.

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).

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.

25. I maintain an ideal weight.
26. I have gained no more than 11 pounds in adulthood.

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.
30. I believe I am key to my wellbeing and overall health.

31. I know my blood pressure, triglycerides, cholesterol and glucose levels.

32. I am aware of my risk factors for disease.

33. I pay attention to my physical wellbeing and address symptoms as they arise.

34. I can work and do regular activities of daily life.

35. I avoid smoking or using smokeless tobacco.

36. I discuss/formulate a wellness plan with my primary healthcare provider and take (if needed) and know prescribed medications and possible side effects.
<table>
<thead>
<tr>
<th>AREAS TO ADDRESS</th>
<th>SCORE</th>
<th>MY READINESS TO CHANGE</th>
<th>PRIORITY FOR MAKING CHANGE (1-5)</th>
<th>CONFIDENCE IN MY ABILITY TO DO IT (1-5)</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>1= In one year</td>
<td>1= Never a priority</td>
<td>1= Not at all confident</td>
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<td>2= Within 6 months</td>
<td>2= Very low priority</td>
<td>2= Not very confident</td>
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<td>3= Next month</td>
<td>3= Medium priority</td>
<td>3= Somewhat confident</td>
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<td>4= In two weeks</td>
<td>4= Priority</td>
<td>4= Confident</td>
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<td>5= Now</td>
<td>5= Highest priority</td>
<td>5= Very confident</td>
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<tr>
<td>Life Balance/Satisfaction</td>
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<tr>
<td>Relationship</td>
<td>/ 15</td>
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<td>Spiritual</td>
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<td>Mental</td>
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<td>/ 15</td>
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<td>Health Responsibility</td>
<td>/ 35</td>
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Please list 3 changes that you can implement into your current lifestyle over the next 3 months:

1. 

2. 

3. 

Additional changes, comments, thoughts: