

Next Level Diva Fit:  
Health Reimagined Questionnaire

**Emotional health**

1. How would you describe your current emotional being?
2. How often do you think about yourself?
3. Are you currently experiencing stress? From what sources? (i.e. – work, school, family)
4. What are some of the ways you look to reduce stress?
5. Are you experiencing sadness for long periods (days, weeks)?
6. Do you sleep well? Average hours per night?
7. Are you seeing a doctor/therapist?

**Physical health**

1. When was your last doctors visit (non-emergency)?
2. Has a doctor cleared you to exercise? If so, how often do you exercise? For how long?
3. On a scale of 1-10 (1 very easy – 10 gets my heart rate up/breathing is labored) how intense are your exercises?
4. Do you look forward to exercise or do you consider it a chore?
5. Do you feel tired or fatigued even if you have not exercised?
6. Are you in menopause or premenopausal?

**Eating health**

1. How many meals do you eat per day?
2. When do you eat (times)?
3. Describe typical meals (breakfast, lunch, dinner)
4. Do you snack between meals?
5. Where do you typically eat (kitchen, dining room, bedroom)
6. How much water do you drink?
7. What other drinks do you consume (juice, coffee, tea etc.)?

**Lifestyle**

1. Do you work full time?
2. What do you do for leisure?
3. How often do you socialize with friends/family?
4. Do you have physical and emotion support systems available to you?
5. Are you happy with yourself emotionally, physically? Why/why not?
6. If you could/can change anything about your body what would it be? Why?