

## 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

<b>Life Balance/Satisfaction</b> //	/ 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"/>
<b>Relationships</b> //	/ 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"/>
<b>Spiritual</b> //	/ 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"/>
<b>Mental</b> //	/ 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

1 2 3 4 5

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.

☐ ☐ ☐ ☐ ☐**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 activities 2 or more days a week.

☐ ☐ ☐ ☐ ☐

23. I do muscle-strengthening activities (i.e., free-weights, machines, resistance bands, body weight exercises, or carrying heavy loads) for all major muscle groups (legs, back, core, chest, arms) 2 or more days a week.

☐ ☐ ☐ ☐ ☐

24. I do moderate-intensity aerobic activity (i.e., brisk walking, or any activity that makes you breathe harder with an increased heart rate) for at least 150 minutes (2 hours and 30 minutes) a week.

☐ ☐ ☐ ☐ ☐**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

30. I believe I am key to my wellbeing and overall health, and address symptoms as they arise.
31. I know my blood pressure, triglycerides, cholesterol and glucose levels.
32. I am aware of my risk factors for disease.
33. I am not addicted to a substance or behavior (alcohol, drugs, sex, food, gambling, shopping, exercise, internet).
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 if needed, take and know prescribed medications and possible side effects.

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<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:

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3.

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Additional changes, comments, thoughts:

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