

# Health Questionnaire

*Please read through each of these questions and take note of where you are 'right now' with your health journey. These questions are specifically designed to look at physical, chemical and emotional stressors in your life, helping us examine health from a holistic perspective.*

## AN OVERVIEW OF YOUR HEALTH

Are you currently experiencing any health complaints? ..... Yes / No

Are these complaints chronic and on going? ..... Yes / No

Have you been told you are at risk of a particular health condition?.... Yes / No

Are you currently on any medication?..... Yes / No

Have you been on this medication for long?..... Yes / No

Are you currently taking antibiotics?..... Yes / No

Have you filled two or more prescriptions this year? ..... Yes / No

Would you eat less than 8 pieces of fresh fruit or vegetables each day?.. Yes / No

Would you drink less than 10 glasses of water each day? ..... Yes / No

Do you feel like your bowels are sluggish or irritable? ..... Yes / No

Are you often tired? ..... Yes / No

Do you find it hard to get up in the morning? ..... Yes / No

Are you often tired during the day or early in the evening?..... Yes / No

Do you find it hard to relax?..... Yes / No

Do you take too much on? ..... Yes / No

Do you wish you had more time to prioritise exercise?..... Yes / No

Would you sit in the car or at your computer for many hours in a day?.. Yes / No

Do you find you slouch a lot or have poor posture? ..... Yes / No

Do you find it hard to concentrate?..... Yes / No

Do you feel stressed or in crisis frequently? ..... Yes / No

Do you frequently feel foggy in the head?..... Yes / No

Do you have trouble sleeping? ..... Yes / No

Do you suspect you may be addicted to drugs, cigarettes, caffeine or sugar? ..... Yes / No

Have you had many car accidents or sporting accidents that have impacted your spine or physical health?..... Yes / No

Do you frequently drink alcohol? ..... Yes / No

How often do you consume alcohol

Each day                       Each week                       Every few weeks

Rarely                       Never

Do you or other people around you smoke? ..... Yes / No

Do you feel that you abuse your body through poor diet, drugs, partying, over work or lack of rest? ..... Yes / No

Do you use cigarettes, caffeinated beverages or sugar as a pick me up in the morning or through out the day? ..... Yes / No

Do you feel irritable, have shaky feelings or headaches that are relieved by cigarettes, caffeine or sugar? ..... Yes / No

Do you often feel down or depressed?..... Yes / No

Do you feel unsupported? ..... Yes / No

Do you lack someone to talk too?..... Yes / No

Do you lack enthusiasm or a sense of purpose? ..... Yes / No

## PUTTING IT ALL TOGETHER

By no means is this a conclusive measure of your health but it is intended to give you an indication of your current health status. Any “Yes” indicates that you may want to look deeper into the physical, chemical and emotional stressors that are present in your life.

The greater the number of YES’s indicates that you would do well to gather advice on many lifestyle factors including stress relief, addictions, diet, exercise and ‘tuning into the body’.

If you were surprised by how many YES’s you accrued then act now and gather knowledge on how to preserve and strengthen your health.

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