

Wellness Survey

Name Date

Answer each of the questions below by putting a circle around the number that best represents you at this time.

Physical State

	constantly	regularly	occasionally	rarely	never
1. Presence of physical pain (neck/back ache, sore arms/legs, etc)	1	2	3	4	5
2. Feeling of tension/stiffness or lack of flexibility in your spine	1	2	3	4	5
3. Incidence of fatigue or low energy	1	2	3	4	5
4. Incidence of cold or flu	1	2	3	4	5
5. Incidence of headaches (of any kind)	1	2	3	4	5
6. Incidence of nausea or constipation	1	2	3	4	5
7. Incidence of menstrual discomfort	1	2	3	4	5
8. Incidence of allergies or skin rashes	1	2	3	4	5
9. Incidence of dizziness or light-headedness	1	2	3	4	5

Physical State Total: _____/45

Mental/emotional State

	constantly	regularly	occasionally	rarely	never
1. If pain is present, how distressed are you about it?	1	2	3	4	5
2. Presence of negative or critical feelings about yourself	1	2	3	4	5
3. Experience of moodiness, temper or angry outbursts	1	2	3	4	5
4. Experience of depression or lack of interest	1	2	3	4	5
5. Being overly worried about small things	1	2	3	4	5
6. Difficulty thinking/concentrating or indecisiveness	1	2	3	4	5
7. Experience of vague fears or anxiety	1	2	3	4	5
8. Being fidgety or restless, difficulty sitting still	1	2	3	4	5
9. Difficulty falling or staying asleep	1	2	3	4	5
10. Experience of recurring thoughts or dreams	1	2	3	4	5

Mental/emotional State Total: _____/50

Stress Evaluation (evaluate your stress relative to the following)

	severe	pronounced	moderate	slight	none
1. General well-being	1	2	3	4	5
2. Emotional well-being	1	2	3	4	5
3. Coping with daily problems	1	2	3	4	5

Stress Evaluation Total: _____/15

Life Enjoyment

	none	slight	moderate	considerate	very much
1. Experience of relaxation/ease or well-being	1	2	3	4	5
2. Presence of positive feelings about yourself	1	2	3	4	5
3. Interest in maintaining a healthy lifestyle (eg diet, fitness, etc)	1	2	3	4	5
4. Level of confidence in your ability to deal with adversity	1	2	3	4	5
5. Level of compassion for, and acceptance of, others	1	2	3	4	5
6. Satisfaction with the level of recreation in your life	1	2	3	4	5
7. Incidence of feelings of joy or happiness	1	2	3	4	5
8. Time devoted to things you enjoy	1	2	3	4	5

Life Enjoyment Total: _____/40

Current Wellness Score: _____/150

Overall impressions (to be completed after 12th adjustment)

	worse	same	better
1. Overall my physical well-being is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Overall my mental/emotional state is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Overall my ability to handle stress is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Overall my enjoyment of life is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>