



Name _____ Date _____

Health and Lifestyle Awareness Questionnaire

Please tell me what is bothering you. If this involves a specific health condition or illness, please tell me about it in **as much detail as possible**. List the very first time that you noticed the condition and describe carefully any factors that you think may have played a role in its onset and progression.
(Please attach a separate sheet if more space is required.)

Is your health currently getting better, worse, or staying the same? How do you know?

What have you tried to do to improve your state of health (i.e. other professionals, doctors, treatments, etc.)?

Please list the **5 most significant stressful events in your life**, from the most recent to the most distant. Are any of these situations continuing to impact your life? If so, please indicate these clearly.

- a.
- b.
- c.
- d.
- e.

Please list any other health concerns/conditions, even if you think they may not be important.



Why did you choose me, or this clinic?

For our time together to be a **true win** for you, what do you want to take place over the course of your care here?

How long do you feel this will take?

Do you think the pain and/or symptoms that you are experiencing could be **purposeful**? That is, could they be your body's wisdom saying, "I need some help...let's change some things here!" Please explain:

Do you feel your pain and/or illness is a reflection of **short-term superficial circumstances** or longer term **potentially deeper-seated challenges**?

What areas of your lifestyle are likely involved with your condition and you would like to improve: (Prioritize #1, 2, 3, etc.)

- | | |
|---|--|
| <input type="checkbox"/> My level of anxiety | <input type="checkbox"/> Not enough time spent in nature |
| <input type="checkbox"/> My pace of living | <input type="checkbox"/> My creative expression |
| <input type="checkbox"/> Not enough quiet time and rest | <input type="checkbox"/> My feelings around career |
| <input type="checkbox"/> My diet and nutrition program | <input type="checkbox"/> My social and family life |
| <input type="checkbox"/> My exercise program | <input type="checkbox"/> My communication skills |

Other: explain _____



Please list any **self-destructive lifestyle habits** (i.e. smoking, lack of exercise, addictions, etc.)

What might it **cost you** if you don't significantly improve your lifestyle and any underlying contributors to compromise health? (For example: vitality, longevity, joy, happiness, peace of mind, future physical independence, current and/or future relationships, career effectiveness, etc.)

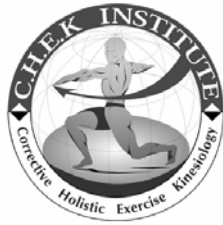
What is the present level of commitment to **change the underlying causes** of problem(s) which relate to your lifestyle? (Rate from 1-10, with 10 being 100% committed.)

List your **3 highest priorities in life** which come to mind and speak to your heart. Where do your health and vitality factor in?

- 1.
- 2.
- 3.

What **obstacles** could prevent you from changing those lifestyle factors that are undermining your health?

What might **stop you** from following the therapeutic protocols that I may suggest for you?



Who would be willing to **support you** in your health goals?

Please list your **special interests** and **passions**:

Do you plan to live to be 100 and if so, how? Please briefly explain your answer.