What's Your Health & Wellness Score?

Take The Wellness Evolutions Quiz To Reveal Your Status

Your Name: _____ Date: _____

Date of Birth: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Research Shows...

The 3 most common complaints of physical and mental health are:

1. Digestion and Sleep Issues
2. Pain
3. Fatigue and/or Depression

This quiz has been designed to quickly pinpoint the areas of your health and wellness that concern you most.

After I receive your quiz results, I will call you to set up a FREE consultation to review your results and provide you with a health and life plan to help you enjoy each day more.

Return your completed quiz to:

FAX: 734.453.8415

or

Scan & Email to: Ewborg@WellnessEvolutions.com

STEP ONE — What Is Your Current "Health Blueprint"?

1. On a scale of 0-10, (0 = *'I'm a train wreck'*); (10 = *'I feel so good I can't stand it'*) how would you rate your health now? _____
2. Using the same scale of 0-10, listed above, how would you rate your life now? _____
3. What is your #1 health complaint? _____

_____

4. How long have you had this issue? _____
5. What have you done to heal this issue? _____

_____

6. What were your results? _____

_____

7. What has someone suggested you do for this condition that you have resisted doing or procrastinated doing? _____

_____

8. If you could make a guess of what or who could help you with this issue, who or what would that be? _____

_____

Please fill in all the blanks that describe your health practices.

- When I start _____ , I run out of motivation and go back to previous habits that are familiar, but don't help me. For example, when I start exercising, my work schedule changes and I miss days of exercise.
- I put off starting _____ , even though I know it would help my health.
- List three health habits that you have started, that you believe will help your health at this time:
  1. _____
  2. _____
  3. _____
- List three habits you would like to eliminate at this time that you believe hurt your overall health:
  1. _____
  2. _____
  3. _____
- List the three persons, places or things that support your health in order of importance:
  1. _____
  2. _____
  3. _____
- List three persons, places or things that you believe hinder your health at this time:
  1. _____
  2. _____
  3. _____

9. What do you imagine will happen in 5 years if you don't make positive changes regarding your health now?

_____

10. Are you ok with that? _____ Why not? _____

_____

11. How do you cope with stress in everyday life? (please check all that apply):

❑ exercise ❑ relaxation ❑ alcohol, cigarettes or drugs ❑ hobbies & recreation ❑ family activities ❑ other

12. Who do you have in your life that encourages and supports you? _____

13. What makes NOW the perfect time to take more control over our health and life? _____

_____

14. If NOW is not the best time, what would need to happen to make this a top priority for you? _____

_____

STEP TWO

Your Key Frustrations & Concerns

The following checklists are designed to identify your key frustrations and concerns, and the systems.
Please check all that apply.

#1 - Physical Concerns

- ❑ I experience daily muscle and/or joint pain.
- ❑ I am usually tired throughout the day.
- ❑ I'm too tired to exercise regularly at least 3x a week.
- ❑ I take at least 1 medically prescribed medication daily.
- ❑ I crave processed foods, corn and foods made with white sugar and flour. (circle all that apply)
- ❑ I experience daily digestive symptoms: gas, bloating, diarrhea, constipation. (circle all that apply)
- ❑ I rarely sleep 7-8 hours at night without waking at least once.
- ❑ I have a medically diagnosed disease.
- ❑ I am overweight or obese.
- ❑ I get sick frequently with colds and flu.

#2 - Emotional Concerns

- ❑ I experience sadness and anger many times a day.
- ❑ I have been diagnosed with a mental disease.
- ❑ I feel like I lead a very stressful life.
- ❑ I feel alone and without social support.
- ❑ My relationships are often difficult and contain a lot of conflict.
- ❑ I feel unmotivated and have few goals in life.
- ❑ I feel irritable most days and many things annoy me.
- ❑ I feel my life is out of balance.
- ❑ I put other people's needs ahead of my own most of the time.
- ❑ I don't feel I am living up to my potential.

#3 - Psycho-Spiritual Concerns

- ❑ My life has no real purpose to me.
- ❑ I have never explored my inner world.
- ❑ I have no religious or spiritual affiliations.
- ❑ I don't have exciting things to look forward to.
- ❑ I am afraid of exploring my inner world.
- ❑ I have never had a spiritual experience.
- ❑ I don't remember my dreams and when I do, I never reflect on them or their meaning.
- ❑ Life is nasty and then we die.
- ❑ I don't believe there is an afterlife.
- ❑ I don't feel fulfilled by life.

Your notes from our consultation: _____