



Your Goals and Profile

Goals

Please indicate the importance of these wellness goals to you. Please give each goal a number of 1 to 5, using 1 for the highest priority goals and 5 for the lowest priority goals.

- 1 Improve my cardiovascular health and endurance
- 2 Have more energy
- 3 Gain weight
- 4 Feel more relaxed and less stressed
- 5 Achieve a feeling of control of my finances
- 6 Achieve a feeling of control in my physical surroundings
- 7 Improve my work relationships
- 8 Improve my family relationships
- 9 Sleep better
- 10 Improve my nutrition
- 11 Increase my flexibility
- 12 Increase my strength
- 13 Lose weight

Your Profile

For a profile that helps us develop the most appropriate wellness plan, please answer the next questions by marking one box only. As with all the questionnaires, there are no "right answers."

- 1 I am married or living with another in a significant relationship (1=Yes, 2=No)
- 2 I have children (1=Yes, 2=No)
- 3 I have a job that I am paid for (1=Yes, 2=No)
- 4 I am interested in exercise (1=Yes, 2=No)
- 5 I am interested in nutrition (1=Yes, 2=No)
- 6 I have no physical condition that would prevent me from exercising (1=Yes, 2=No)
- 7 I have not lost more than 5 lbs of body weight in the last 30 days. (1=Yes, 2=No)
- 8 Please choose the answer that best describes your weight goals:
 - 1 I want to maintain my weight
 - 2 I want to lose 1/2 pound per week
 - 3 I want to lose 1 pound per week
 - 4 I want to lose 1 1/2 pounds per week
 - 5 I want to gain 1/2 pound per week
 - 6 I want to gain 1 pound per week
 - 7 I want to gain 1 1/2 pounds per week

Questionnaire Reference Copy

Supplements and Meal Planning

Please answer these nutrition questions so that we can provide your nutritional supplements and meal planning program.

- 1 Please choose one of the following descriptions
 - 1 I am a male
 - 2 I am a pre-menopausal female
 - 3 I am a menopausal female
 - 4 I am a post-menopausal female
- 2 I currently desire to lose more than 15 pounds
 - 1 Yes
 - 2 No
- 3 Please choose the sentence you feel best describes your overall psychological stress level:
 - 1 I am under mild stress
 - 2 I am under moderate stress
 - 3 I am under severe stress
- 4 Do you have difficulty concentrating during the day?
 - 1 Yes
 - 2 No
- 5 Please choose the sentence you feel best describes your joint function.
 - 1 My joints function optimally
 - 2 One or more of my joints is swollen intermittently
 - 3 One or more of my joints is swollen constantly
 - 4 One or more of my joints is painful consistently
- 6 Have you been diagnosed with any form of osteoporosis or arthritis?
 - 1 Yes
 - 2 No
- 7 Please choose the sentence that best describes your consumption of cold-water ocean fish (salmon, haddock, sardines, cod, etc.)
 - 1 Never eat cold-water ocean fish
 - 2 Eat less than 1 time per week
 - 3 Eat 1 to 3 times per week
 - 4 Eat 4 or more times per week
- 8 Please indicate any dietary restrictions you would like for your meal plan by selecting the appropriate response below.
 - 1 I have no restrictions
 - 2 I do not eat red meat
 - 3 I do not eat red meat or pork
 - 4 I do not eat red meat, pork, or poultry
 - 5 I do not eat red meat, pork, poultry, or seafood
 - 6 I do not eat red meat, pork, poultry, seafood, or eggs

Three Dimensions of Wellness Survey

The Physical Dimension

Please answer these questions to describe your Physical stresses. Considering your lifestyle over the past month select the appropriate answer for each question.

- 1 How many times per week do you spend at least 5 minutes performing stretching exercises?
 - 1 *5 or more times*
 - 2 *4 times*
 - 3 *3 times*
 - 4 *2 times*
 - 5 *1 time*
 - 6 *No such exercise*
- 2 How would you rate the quality of your sleep?
 - 1 *Excellent*
 - 2 *Very good*
 - 3 *Good*
 - 4 *Below average*
 - 5 *Poor*
- 3 How many times per week do you spend at least 20 minutes performing cardiovascular exercise? (running, bicycling, brisk walking, team sports, CWS Cardio Exercise, etc.)
 - 1 *5 or more times*
 - 2 *4 times*
 - 3 *3 times*
 - 4 *2 times*
 - 5 *1 time*
 - 6 *No such exercise*
- 4 How many times per week do you spend at least 20 minutes performing strength exercise?
 - 1 *5 or more times*
 - 2 *4 times*
 - 3 *3 times*
 - 4 *2 times*
 - 5 *1 time*
 - 6 *No such exercise*
- 5 How many times in the last month did you receive chiropractic care?
 - 1 *4 or more times*
 - 2 *2-3 times*
 - 3 *once*
 - 4 *none, but this was atypical*
 - 5 *I never receive chiropractic care*
- 6 Do you have any chronic diseases or conditions
 - 1 *I have a severe chronic disease or condition*
 - 2 *I have a moderately severe chronic disease or condition*
 - 3 *I have a mild chronic disease or condition*
 - 4 *I have no chronic disease or condition*
- 7 Do you have an interest in improving athletic performance?
 - 1 *Yes, I'm very interested*
 - 2 *Yes, I'm somewhat interested*
 - 3 *No, I'm not very interested*

The Bio-Chemical Dimension

Please answer these questions to describe your bio-chemical dis-stresses in the last 4 weeks. Mark one box for each question.

- 1 How many times per week do you eat a healthy, well-balanced breakfast?
 - 1 *6-7 times*
 - 2 *4-5 times*
 - 3 *1-3 times*
 - 4 *Never*
- 2 How many times per week do you eat a healthy, well-balanced lunch?
 - 1 *6-7 times*
 - 2 *4-5 times*
 - 3 *1-3 times*
 - 4 *Never*
- 3 How many times per week do you eat a healthy, well-balanced dinner?
 - 1 *6-7 times*
 - 2 *4-5 times*
 - 3 *1-3 times*
 - 4 *Never*
- 4 How many times per week do you eat a complete meal within one hour of waking up in the morning?
 - 1 *6-7 times*
 - 2 *4-5 times*
 - 3 *1-3 times*
 - 4 *Never*
- 5 How many times per week do you eat a complete meal within one hour of going to sleep at night?
 - 1 *6-7 times*
 - 2 *4-5 times*
 - 3 *1-3 times*
 - 4 *Never*
- 6 How many times per week do you eat fast food, such as McDonald's, Burger King or Taco Bell?
 - 1 *Almost every meal*
 - 2 *Once a day*
 - 3 *Once every few days*
 - 4 *Once a week*
 - 5 *Almost never*
- 7 How many healthy, well-balanced meals do you eat per week?
 - 1 *Almost every meal*
 - 2 *Once a day*
 - 3 *Once every few days*
 - 4 *Once a week*
 - 5 *Almost never*
- 8 How many servings of high-protein food do you eat per day, such as meat, poultry, tofu, fish, beans, eggs or nuts?
 - 1 *0 servings*
 - 2 *1 serving*
 - 3 *2 servings*
 - 4 *3 servings*
 - 5 *4 or more servings*

The Three Dimensions of Wellness (continued)

- 9** How many servings of whole or enriched bread, cereal, rice, pasta, noodles, or tortillas do you eat per day?
1 *0 servings*
2 *1 serving*
3 *2 servings*
4 *3 servings*
5 *4 or more servings*
- 10** How many servings of dairy (milk, cheese, yogurt) do you eat per day?
1 *0 servings*
2 *1 serving*
3 *2 servings*
4 *3 servings*
5 *4 or more servings*
- 11** How many servings of fruit do you eat per day, including snacks?
1 *0 servings*
2 *1 serving*
3 *2 servings*
4 *3 servings*
5 *4 or more servings*
- 12** How many servings of vegetables do you eat per day, including snacks?
1 *0 servings*
2 *1 serving*
3 *2 servings*
4 *3 servings*
5 *4 or more servings*
- 13** Do you crave sugar?
1 *No*
2 *Yes*
- 14** Do you find that you routinely crave the same food, snacks or drinks?
1 *Strongly agree*
2 *Agree*
3 *Agree somewhat*
4 *Disagree*
5 *Strongly disagree*
- 15** I am aware of how my diet can affect my mood
1 *Strongly agree*
2 *Agree*
3 *Agree somewhat*
4 *Disagree*
5 *Strongly disagree*
- 16** How many times per week do you eat fatty or fried foods, including desserts?
1 *7 or more times*
2 *6 times*
3 *4-5 times*
4 *1-3 times*
5 *Never*
- 17** How many times per week do you eat a meal with a larger portion size than you feel is healthy?
1 *Almost never*
2 *1-2 times*
3 *3-4 times*
4 *5-6 times*
5 *7 or more times*
- 18** How often do you eat a balanced daily diet of all the food groups?
1 *Almost always*
2 *Usually*
3 *Occasionally*
4 *Almost never*
- 19** How often do you purchase organically grown foods?
1 *Almost always*
2 *Usually*
3 *Occasionally*
4 *Almost never*
- 20** How many times per week do you eat frozen, packaged or processed meals?
1 *7 or more times*
2 *6 times*
3 *4-5 times*
4 *1-3 times*
5 *Never*
- 21** How many glasses of water or other non-alcoholic, non-caffeinated fluids do you drink per day?
1 *8 or more glasses*
2 *7 glasses*
3 *5-6 glasses*
4 *3-4 glasses*
5 *Fewer than 3 glasses*
- 22** How many drinks of caffeinated beverages do you have almost every day?
1 *No drinks*
2 *1 drink*
3 *2 drinks*
4 *3 drinks*
5 *More than 4 drinks*
- 23** How many times per week do you eat whole, freshly prepared meals?
1 *7 or more times*
2 *6 times*
3 *4-5 times*
4 *1-3 times*
5 *Never*
- 24** On average, how many drinks of wine or beer do you consume per day?
1 *Less than 1*
2 *1 drink*
3 *2 drinks*
4 *3 drinks*
5 *More than 4 drinks*
- 25** On average, how many drinks of hard liquor do you consume per day?
1 *No drinks*
2 *1 drink*
3 *2 drinks*
4 *3 drinks*
5 *4 or more drinks*
- 26** Are you a heavy social drinker?
1 *Yes*
2 *No*

The Three Dimensions of Wellness (continued)

- 27 How many cigarettes do you smoke per day?
1 *None, I don't smoke*
2 *1-5 per day*
3 *6-10 per day*
4 *11 or more per day*
- 28 How many times per week are you exposed to second-hand smoke for an hour or more?
1 *7 times*
2 *6 times*
3 *4-5 times*
4 *1-3 times*
5 *Never*
- 29 How many times per week are you exposed to chemicals in the workplace or elsewhere for an hour or more?
1 *7 times*
2 *6 times*
3 *4-5 times*
4 *1-3 times*
5 *Never*
- 30 Do you live or work in a metropolitan area with poor air quality?
1 *No*
2 *Yes*
- 31 Do you use recreational drugs?
1 *No*
2 *Yes*
- 5 I feel that what it would take to make me truly happy is achievable
1 *Strongly agree*
2 *Agree*
3 *Agree somewhat*
4 *Disagree*
5 *Strongly disagree*
- 6 I lead a purpose-driven life. My actions are driven by my purpose
1 *Strongly agree*
2 *Agree*
3 *Agree somewhat*
4 *Disagree*
5 *Strongly disagree*
- 7 I am concerned that I do not use my time as efficiently as possible at work
1 *Strongly agree*
2 *Agree*
3 *Agree somewhat*
4 *Disagree*
5 *Strongly disagree*
- 8 Have you suffered from an anxiety attack in the last month?
1 *No*
2 *Yes*
- 9 I regularly generate a strategy for achieving a goal and carry it through to completion
1 *Strongly agree*
2 *Agree*
3 *Agree somewhat*
4 *Disagree*
5 *Strongly disagree*

The Psychological Dimension

Please answer these questions to describe your Psychological stresses. Considering your lifestyle over the past month, select the most appropriate answer for each question.

- 1 I have constructive outlets for my aggression
1 *Strongly agree*
2 *Agree*
3 *Agree somewhat*
4 *Disagree*
5 *Strongly disagree*
- 2 I feel serene and at peace
1 *Never*
2 *Rarely*
3 *Sometimes*
4 *Always*
- 3 I'm good at making time for myself
1 *Strongly agree*
2 *Agree*
3 *Agree somewhat*
4 *Disagree*
5 *Strongly disagree*
- 4 When required I am able to rapidly calm myself from a state of agitation
1 *Never*
2 *Rarely*
3 *Sometimes*
4 *Always*
- 10 I could benefit from a more organized workspace.
1 *Strongly agree*
2 *Agree*
3 *Agree somewhat*
4 *Disagree*
5 *Strongly disagree*
- 11 I am able to use humor to diffuse tension in interpersonal situations.
1 *Strongly agree*
2 *Agree*
3 *Agree somewhat*
4 *Disagree*
5 *Strongly disagree*
- 12 I am able to successfully manage the stresses in my life.
1 *Strongly agree*
2 *Agree*
3 *Agree somewhat*
4 *Disagree*
5 *Strongly disagree*
- 13 I allow myself to express my emotions in an appropriate fashion.
1 *Strongly agree*
2 *Agree*
3 *Agree somewhat*
4 *Disagree*
5 *Strongly disagree*

The Three Dimensions of Wellness (continued)

- 14** I am able to face the major stressors in my life and productively deal with them.
- 1 *Strongly agree*
 - 2 *Agree*
 - 3 *Agree somewhat*
 - 4 *Disagree*
 - 5 *Strongly disagree*
- 15** I am frequently forced to change my plans based on unexpected events.
- 1 *Strongly agree*
 - 2 *Agree*
 - 3 *Agree somewhat*
 - 4 *Disagree*
 - 5 *Strongly disagree*
- 16** I have trouble finding time for important projects that lack deadlines.
- 1 *Strongly agree*
 - 2 *Agree*
 - 3 *Agree somewhat*
 - 4 *Disagree*
 - 5 *Strongly disagree*
- 17** I'm comfortable asking other people for help.
- 1 *Strongly agree*
 - 2 *Agree*
 - 3 *Agree somewhat*
 - 4 *Disagree*
 - 5 *Strongly disagree*
- 18** I find delegating easy.
- 1 *Strongly agree*
 - 2 *Agree*
 - 3 *Agree somewhat*
 - 4 *Disagree*
 - 5 *Strongly disagree*
- 19** I'm frequently disrupted by distractions during the day.
- 1 *Strongly agree*
 - 2 *Agree*
 - 3 *Agree somewhat*
 - 4 *Disagree*
 - 5 *Strongly disagree*
- 20** I keep objects or papers in my living space that I am unlikely to need in the future.
- 1 *Strongly agree*
 - 2 *Agree*
 - 3 *Agree somewhat*
 - 4 *Disagree*
 - 5 *Strongly disagree*
- 21** My home is more cluttered than most of the homes that I regularly visit.
- 1 *Strongly agree*
 - 2 *Agree*
 - 3 *Agree somewhat*
 - 4 *Disagree*
 - 5 *Strongly disagree*
- 22** Do you have difficulty controlling your worries? For example, when you start worrying about something, do you have trouble stopping?
- 1 *Never*
 - 2 *Rarely*
 - 3 *Sometimes*
 - 4 *Often*
- 23** How often do you suffer from excessive worries?
- 1 *Never*
 - 2 *Rarely*
 - 3 *Sometimes*
 - 4 *Often*
- 24** I spend within my means
- 1 *Strongly agree*
 - 2 *Agree*
 - 3 *Agree somewhat*
 - 4 *Disagree*
 - 5 *Strongly disagree*
- 25** I feel self-confident enough to opt out of a situation that may prove costly for me.
- 1 *Strongly agree*
 - 2 *Agree*
 - 3 *Agree somewhat*
 - 4 *Disagree*
 - 5 *Strongly disagree*
- 26** I substitute the judgement of more knowledgeable people for that of my own.
- 1 *Strongly agree*
 - 2 *Agree*
 - 3 *Agree somewhat*
 - 4 *Disagree*
 - 5 *Strongly disagree*
- 27** I look to others to see if I am doing a good job.
- 1 *Strongly agree*
 - 2 *Agree*
 - 3 *Agree somewhat*
 - 4 *Disagree*
 - 5 *Strongly disagree*
- 28** I feel that my physical appearance interferes with others' ability to appreciate what I have to offer.
- 1 *Strongly agree*
 - 2 *Agree*
 - 3 *Agree somewhat*
 - 4 *Disagree*
 - 5 *Strongly disagree*
- 29** I see problems as opportunities for growth.
- 1 *Strongly agree*
 - 2 *Agree*
 - 3 *Agree somewhat*
 - 4 *Disagree*
 - 5 *Strongly disagree*
- 30** I sit in a relaxed, upright posture with my spine relatively straight.
- 1 *Strongly agree*
 - 2 *Agree*
 - 3 *Agree somewhat*
 - 4 *Disagree*
 - 5 *Strongly disagree*

The Three Dimensions of Wellness (continued)

- 31** I meditate or relax at least 10 minutes each day.
- 1 *Never*
 - 2 *Rarely*
 - 3 *Sometimes*
 - 4 *Almost always*
- 32** I am at peace with myself.
- 1 *Strongly agree*
 - 2 *Agree*
 - 3 *Agree somewhat*
 - 4 *Disagree*
 - 5 *Strongly disagree*
- 33** I take time out to manage my stress
- 1 *Strongly agree*
 - 2 *Agree*
 - 3 *Agree somewhat*
 - 4 *Disagree*
 - 5 *Strongly disagree*
- 34** I spend 15 minutes or more searching my home for a lost object (such as keys) or a lost document (such as a monthly bill).
- 1 *Never*
 - 2 *Rarely*
 - 3 *Sometimes*
 - 4 *Often*
- 35** I have a detailed understanding of my monthly spending patterns
- 1 *Strongly agree*
 - 2 *Agree*
 - 3 *Agree somewhat*
 - 4 *Disagree*
 - 5 *Strongly disagree*
- 36** I am able to use humor to keep from taking my own problems too seriously.
- 1 *Strongly agree*
 - 2 *Agree*
 - 3 *Agree somewhat*
 - 4 *Disagree*
 - 5 *Strongly disagree*
- 37** I feel confident enough to voice my opinions, even if I do not know if they will be shared by others.
- 1 *Strongly agree*
 - 2 *Agree*
 - 3 *Agree somewhat*
 - 4 *Disagree*
 - 5 *Strongly disagree*
- 38** I am occupied and concerned by how to improve my relationship with one or more members of my immediate family.
- 1 *Strongly agree*
 - 2 *Agree*
 - 3 *Agree somewhat*
 - 4 *Disagree*
 - 5 *Strongly disagree*
- 39** I am able to balance appropriate intimacy and boundaries within my family.
- 1 *Strongly agree*
 - 2 *Agree*
 - 3 *Agree somewhat*
 - 4 *Disagree*
 - 5 *Strongly disagree*
- 40** I feel trapped in my current position or career.
- 1 *Strongly agree*
 - 2 *Agree*
 - 3 *Agree somewhat*
 - 4 *Disagree*
 - 5 *Strongly disagree*
- 41** I have a clear idea of my dream job.
- 1 *Strongly agree*
 - 2 *Agree*
 - 3 *Agree somewhat*
 - 4 *Disagree*
 - 5 *Strongly disagree*
- 42** I feel confident that in a time of crisis there are people to whom I can turn.
- 1 *Strongly agree*
 - 2 *Agree*
 - 3 *Agree somewhat*
 - 4 *Disagree*
 - 5 *Strongly disagree*
- 43** I have trouble saying "no" to others even when I feel that a request is unreasonable.
- 1 *Almost Always*
 - 2 *Sometimes*
 - 3 *Rarely*
 - 4 *Never*
- 44** I am satisfied with the level of trust in my personal relationships.
- 1 *Strongly agree*
 - 2 *Agree*
 - 3 *Agree somewhat*
 - 4 *Disagree*
 - 5 *Strongly disagree*
- 45** I have trouble keeping long-term relationships healthy.
- 1 *Strongly agree*
 - 2 *Agree*
 - 3 *Agree somewhat*
 - 4 *Disagree*
 - 5 *Strongly disagree*
- 46** I look forward to going to work.
- 1 *Almost always*
 - 2 *Sometimes*
 - 3 *Rarely*
 - 4 *Never*
 - 5 *Not applicable*

Creating Wellness Assessment

Wellness Office Cover Form

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In the questions below, you have the opportunity, if you feel it is necessary for this client, to override certain selections that may be made by the system.

- 1 Please indicate if you want to override the assessment results if required so that the client will receive the Beginner Level Cardio DVD regardless of assessment results
 - 1 *No, use the assessment results to order a Cardio Exercise DVD for the client—DO NOT OVERRIDE assessment.*
 - 2 *Yes, OVERRIDE the assessment results if required and order a Beginner Cardio Exercise DVD for the client.*

- 2 Please indicate if you want to override the assessment results if required so that the client will NOT receive any dietary supplementation support for weight loss.
 - 1 *No, use the assessment results concerning supplement support for weight loss—DO NOT OVERRIDE assessment.*
 - 2 *Yes, OVERRIDE the assessment results if required and DO NOT ORDER any support for weight loss in the customized supplements.*