

HEALTH ASSESSMENT WORKSHEET

Fill out as much as you are comfortable with. This exercise is to help you as well as me (grace) to evaluate where the state of your health is in purely an observational way. When reading the questions and answering, think about how you've honestly felt in the last several weeks to months.

Keeping track of how you genuinely feel in many different dimensions, will help you identify what are your specific problem areas.

That may be stress for some, for others it may be frequently feeling tired or sick. It will be different with everyone.

By having this information, we will be able to fine tune your routine. I know, it sounds cheesy, but listen to what your body is saying. We all have such busy lives and many have forgotten how to do this. When we do not take the time to be present, our bodies will continue doing it's thing (keeping you alive). Because we aren't paying attention, when something's not working, we can't hear our bodies trying to warn us something's wrong in all of the little symptoms like fatigue, acne, brain fog, weight gain, high blood sugar, blood pressure, acute symptoms ect. These little "inconsequential" symptoms WILL manifest to be VERY noticeable if not observed, addressed and treated. They will soon control your life because your body can no longer function at the capacity that is used to. This is where most people end up. Sick and stuck. I truly believe by simply stepping back to evaluate your health you are already winning! That is the first step. In addiction recovery, the first step is acknowledging there is a problem, followed by acceptance. Only from this point are we able to start from somewhere, put together a plan of action and begin!

This is best done in a quiet place where you can observe the state of your mind, body and health.

The rating system is on a scale of 1 to 10 points. There will also be some written answers. Rate the questions the most accurately you can. We will revisit this worksheet as you progress through the program.

Please take your time.

1 = Being extremely LOW. You can't get lower.

10 = Being extremely HIGH. The limit.

GENERAL HEALTH How do you feel about your health. 1-10 + Written

5 - I have been healthier in the past. I would like to get back to a place where my body feels really great and looks good, I'm eating well, exercising regularly, my skin is clear, and I don't feel stressed.

BODY CONDITION Any chronic health conditions? 1-10 + Written

9 - I suffer from ocular migraines which can be triggered by not eating or drinking or too vigorous of exercise. They happen rarely and never last for more than an hour.

ACHY JOINTS/JOINT PAIN Explain where and how long you've noticed. 1-10 + Written

9 - I don't really have achy joints except my knees after I've been sitting for too long (road trips).

DO YOU HAVE POOR QUALITY/SLOW GROWING HAIR OR NAILS 1-10 + Written

5- My nails have improved a lot and they are long and strong (I'm conditioning them regularly), but my hair quality has gotten worse after having a baby and then getting Covid (thing).

SKIN CONDITION Acne, eczema, rashes ect. 1-10 + Written

7- My face and scalp are very oily and I get breakouts when I'm eating poorly, not sleeping enough, or stressed out.

ENERGY LEVELS Energy crashes, frequently tired, exhaustion. Do you ever take naps? When? 1-10 + Written

2- I am tired all the time, not matter how much sleep I get. I've learned to live with the lowest energy I've ever had. I will sometimes take naps on the weekends.

SLEEP QUALITY If you have poor quality sleep, explain why if you can. (kids not included). 1-10 + Written

6- I feel best at 10 hours of sleep but rarely get 10 hours. I do not wake in the night but will sometimes wake in the early morning out of anxiety (did I forget to set my alarm?). I have a high stress job that makes me anxious and it impacts my ability to go to sleep.

AVERAGE HOURS OF SLEEP PER NIGHT When do you normally go to sleep and when do you wake up? Written

During the school year, I'd say my average is 6 or 7 hours of sleep. I try to be asleep by 10 pm and I wake up at 6 am. I don't usually make it to bed in time so I probably fall asleep closer to 11 or midnight.

WINDING DOWN FOR BED Do you have a wind down routine before going to sleep? What do you normally do before bed? Written

Before bed, I get my son ready for bed and lay down with him until he falls asleep. Then I look at my phone or get chores done that I didn't get to before his bedtime. I usually try to keep myself awake and distracted until I'm so exhausted that I can't keep my eyes open anymore and fall asleep. That way I don't overthink/get anxious about work/life stuff.

STRESS LEVELS On average. 1-10

8

DO YOU EVER FEEL STRESSED ABOUT YOUR HEALTH? Written

Yes, I can obsess about what I'm eating or how much. I obsess about my lack of exercise and feel stressed about how I can't make it to the gym very often. I know that the way I think about my health is unhealthy.

STRESS MANAGEMENT How do you relieve stress? Written

I just try to avoid it or keep myself busy. I have worship/prayer nights once a week that help.

MOOD Irritable, mood swings. 1-10 + Written

7 - I feel like I get very irritable easily, and I think it's stressed based. However, I'm not irritable at work and save it for home.

EMOTIONAL WELL-BEING Do have anxiety or depression? 1-10 + Written

5- I have suffered from both anxiety and depression in the past, and I had post-partum depression after my son was born. I struggle with anxiety regarding work and the custody arrangement with my son's father.

FEMALES* ANY PERIOD SYMPTOMS

Normal

BRAIN FUNCTION Brain fog, migraines, forgetfulness, memory. Written

I got used to committing everything to short-term memory in college, so I'm working my way out of that. I do feel like I get brain fog pretty often and need to write things down or I will forget to do them. This is mostly work related.

DIGESTION Constipation, diarrhea, bloating, stomach pain, acid reflux? If yes to any, please list. Written

My digestive system has always been in the bane of my existence. I had such bad symptoms (everything I ate upset my stomach) that I had a colonoscopy when I was 19 to check for cancer (none, thank goodness!). They think I have carb allergy based on my food diary. I don't know any other details because I didn't take it seriously and lost the paperwork. I will call and see if I can get a copy. I am always bloated and my stomach never feels completely well. The most normal it feels is after I've been sick and haven't eaten in a long time. Sometimes my lower stomach will feel hot, and I've described it to my mom as feeling like it's cooking.

ALLERGIES/SENSITIVITIES Any you suspect or know of. Written

I am dairy sensitive but eat cheese almost daily. I don't eat yogurt, ice cream, or drink milk. I will eat a cream pasta sauce once in a while, and that does make my stomach unsettled.

AVERAGE BREAKFAST A few written examples.

Toast with almond butter, banana slices, and honey. Smoothie made with almond milk, almond butter, banana, frozen blueberries, spinach, and cinnamon. Leftovers from whatever we had for dinner.

AVERAGE LUNCH A few written examples.

A salad with romaine, black beans, guacamole, olives, croutons, shredded cheese, and ranch/salsa dressing; leftovers; sandwich with lettuce, tomato, and canned chicken mixed with mayo, salt and pepper, and olives

AVERAGE DINNER A few written examples.

Grilled chicken, veggies, potatoes; burger with chips and fruit; salmon with veggie and rice; tortellini, spinach, sausage, soup; pizza; fish tacos; pot roast with veggie and potatoes; steak with salad and potatoes; marinara sauce pasta with chicken sausage

AVERAGE SNACKS A few written examples.

Goldfish, cheese-itz, chips, salsa sometimes fruit

NORMAL BEVERAGE GO TO'S A few written examples.

I mostly drink water and green tea. Sometimes I will get chai with almond milk.

SUPPLEMENTS YOU TAKE Written

Emergen-C vitamin C, 10,000 IUs of D3 in the winter, sometimes Lactaid or pro-biotic if I remember

TECH TIME Do feel you have a healthy relationship with technology/media ect? If not, how would you like you relationship with technology look like?

I'm on my phone too much during school breaks. I watch too many things on Snapchat at night and I've been on Instagram more lately when I should be sleeping. I would like my phone to go away at night and I want to go to sleep without looking at my phone until I can't keep my eyes open anymore. Honestly, I don't see why I should be on my phone for more than an hour a day.

WHAT ARE YOUR HEALTH GOALS? Written

I want to feel better physically and mentally. I want to rid myself of anxiety. I want to say that my gut feels well. I want to learn how to exercise because I love my body, not because I hate it. I want to exercise regularly. I want to cut out sugar.

FITNESS GOALS? Written

Work out 5 days a week, lose some inches, tone up

PERSONAL HELP Would you like me to work with you on your personal goals? If yes, how can I help get you closer to where you want to be? Written

Sure! Having someone to journey with me and hold me accountable will help me to stick with the changes I want to make.

ANY COMMENTS?

I'm excited to see your research and compare it to what I've read in the past. Thank you for being wiling to do this!

Closing comments:

If you do not feel comfortable sharing this worksheet or any certain areas of information, either leave box blank or just keep the worksheet to yourself to reference so that you can see your own progress and where you need to focus moving forward.

Tip: Keep a blank copy for future reassessment and filled out copies to reference moving forward.