

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

6 - all things considered i'm not in awful shape, but beginning to deteriorate with time

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

8 (i assume this rating would be quantity rather than quality) obesity, sleep apnea

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

8 - back pain from childhood injury, persistent muscle tension from compensation for injury

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

5 - not sure, not an important factor to me but i guess i'm alright. beard does well.

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

0 - none that i know of

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

4 - fatigue, exhaustion, not really a napper but will fall asleep if not doing anything.

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

4 - sleep apnea. diagnosed but untreated

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

5- bed at 11, up at 4-430

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

chill in bed for an hour, usually read

STRESS LEVELS On average. 1-10

7

DO YOU EVER FEEL STRESSED ABOUT YOUR HEALTH? Written

all the time lately

STRESS MANAGEMENT How do you relieve stress? Written

getting outdoors, hiking, mountain biking, enjoying nature in general

MOOD Irritable, mood swings. 1-10 + Written

3, usually mellow but have my moments

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

10 super anxiety and depression, it's great.

FEMALES* ANY PERIOD SYMPTOMS

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

morning grog, occasional foggy days

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

diarrhea, bloating, probably gluten. have cut out carbs in the past with positive results

ALLERGIES/SENSITIVITIES Any you suspect or know of. Written

peaches and a few antibiotics. skin allergy to metals.

AVERAGE BREAKFAST A few written examples.

nothing, unless weekend. two eggs and a piece of sourdough toast

AVERAGE LUNCH A few written examples.

chinese food, gas station food, general poor choices that are available on the road.

AVERAGE DINNER A few written examples.

pastas, burgers, steaks, veggies

AVERAGE SNACKS A few written examples.

granola or nuts

NORMAL BEVERAGE GO TO'S A few written examples.

95% of the time its a cup of coffee in the morning then water the rest of the day

SUPPLEMENTS YOU TAKE Written

none

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?

don't think i use it much recreationally, but a lot for work,

WHAT ARE YOUR HEALTH GOALS? Written

lose weight and regain general feeling of wellness.

FITNESS GOALS? Written

lose weight

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? no idea, never done something like this before

ANY COMMENTS?

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.