

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

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

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

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

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

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

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

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

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

STRESS LEVELS On average. 1-10

DO YOU EVER FEEL STRESSED ABOUT YOUR HEALTH? Written

STRESS MANAGEMENT How do you relieve stress? Written

MOOD Irritable, mood swings. 1-10 + Written

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

FEMALES* ANY PERIOD SYMPTOMS

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

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

ALLERGIES/SENSITIVITIES Any you suspect or know of. Written

AVERAGE BREAKFAST A few written examples.

AVERAGE LUNCH A few written examples.

AVERAGE DINNER A few written examples.

AVERAGE SNACKS A few written examples.

NORMAL BEVERAGE GO TO'S A few written examples.

SUPPLEMENTS YOU TAKE Written

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?

WHAT ARE YOUR HEALTH GOALS? Written

FITNESS GOALS? Written

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

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.