



UNDERGROUND
WELLNESS.COM

HEALTH & LIFESTYLE AWARENESS QUESTIONNAIRE

Please answer the following questions. Once you have finished, please email back to me. Thanks!

Q: Please tell me what is bothering you. If this involves a specific health condition, please tell me about it in as much detail as possible. List the very first time you noticed the condition and describe carefully any factors that you think may have played a role in its onset and progression.

A:

Q: Is your health currently getting better, worse, or staying the same? How do you know?

A:

Q: What have you tried to do to improve your state of health (i.e. other professionals, doctors, treatments, etc.)?

A:

Q: Please list the **5 most significant stressful events in your life**, from the most recent to the most distant. Are any of these situations continuing to impact your life? If so, please indicate this clearly.

- 1.
- 2.
- 3.
- 4.
- 5.

Q: Please list any health concerns/conditions, even if you think they may not be important.

A:

Q: For our time together to be a true win for you, what do you want to take place over the course of your care?

A:

Q: How long do you feel this will take?

A:

Q: Do you think the pain and/or symptoms that you are experiencing could be purposeful? That is, could they be your body's wisdom saying, "I need some help...let's change some things here!" Please explain.

A:

Q: Do you feel your pain and/or illness is the reflection of **short-term superficial circumstances** or longer-term **potentially deeper-seated challenges**?

A:

Q: Your thoughts directly influence your well-being. Achieving maximal health through positive living and negative thinking is an absolute impossibility. Would you consider your dominant thoughts to be positive or negative? Explain.

A:

Q: What areas of your lifestyle are likely involved with your condition and you would like to improve: (Prioritize #1, 2, 3, etc.)

- My level of anxiety
- My pace of living
- Not enough quiet time and rest
- My diet and nutrition program
- My exercise program
- Not enough time spent in nature
- My creative expression
- My feelings around career
- My social life and family life
- My communication skills

Other (explain):

Q: Please list any self-destructive lifestyle habits (i.e. smoking, lack of exercise, addictions, etc.)

A:

Q: What might it cost you if you don't significantly improve your lifestyle and any

underlying contributors to compromised health? (For example: vitality, longevity, joy, happiness, peace of mind, future physical independence, current and/or future relationships, career effectiveness, etc.)

A:

Q: What is the present level of commitment to **change the underlying causes** of problem(s), which relate to your lifestyle? Please rate on a scale of 1-10, with 10 being 100% committed.

A:

Q: List the 5 highest priorities in life, which come to mind and speak to your heart. Where do your health and vitality factor in? If they do not factor in at all, please explain how we can expect to achieve your objective without them.

- 1.
- 2.
- 3.
- 4.
- 5.

Q: What obstacles could prevent you from changing those lifestyle factors that are undermining your health?

A:

Q: What might stop you from following the therapeutic protocols that I may suggest for you?

A:

Q: Who would be willing to support you in your health goals?

A:

Q: Please list your special interests and passions:

A:

Q: Do you plan to live to be 100? If so, how? Please briefly explain your answer.

A:

Thank you!