

# Wellness Evaluation Questionnaire

## (With Health Survey)

➤ From your Health Survey in your Customer Care Package, what are the top 3 issues that concern you the most?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

➤ Why are these of concern to you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

➤ Please go through the following questions and answer either Yes or No. Add up all the Yes's to find your wellness score. Your coach will go through this evaluation with you when you have your appointment with them. They will answer your questions and make recommendations to help with anything you'd like to improve in any area of wellness. Have fun!

	(1 pt)	(0 pt)
1. Do you eat more meals with poultry, lean meat, fish and plant (soy) proteins rather than steaks, roasts and other red meats?	Yes	No
2. Do you eat a variety of colorful fruits and vegetables and do you eat at least seven servings a day of these?	Yes	No
3. Do you consume primarily whole grain (100% whole wheat bread and pasta, brown rice) rather than regular pasta, white rice and white bread?	Yes	No
4. Do you eat ocean-caught fish at least 3 times per week?	Yes	No
5. Do you avoid fried foods, dressings, sauces, gravies, butter and/or margarine?	Yes	No
6. Is your digestive system free of indigestion or irregularity?	Yes	No
7. Do you get a minimum of 30 minutes exercise 3-5 days a week?	Yes	No
8. Do you maintain a stable and appropriate weight?	Yes	No
9. Do you usually have time to prepare balanced meals, rather than take out or eating on the run?	Yes	No
10. Do you stay away from soda and typical snack foods throughout the day and after dinner?	Yes	No
11. Are you free of water retention and bloating?	Yes	No
12. Do you have the energy and focus you need to meet your daily challenges?	Yes	No
13. Do you drink at least 8 glasses of water a day?	Yes	No
14. Are you getting your daily recommended allowance of Calcium? a. Men = 1,000 mg    b. Women under 50 = 1,200 mg    c. Women 50+ = 1,500 mg	Yes	No
15. Are your blood pressure, triglycerides and bad cholesterol levels in the normal range?	Yes	No
16. Men: Are you free from problems associated with your prostate such as slow urination or waking up at night to urinate?	Yes	No
17. Women: Are you free from problems associated with menstrual cycles/menopause, mood changes, hot flashes or problems sleeping?	Yes	No

For No's - "Let's see what Dr. Heber says about this..."  
(Read blue text for corresponding # on Answers to "W.E. Questionnaire")

**Total Score:** \_\_\_\_\_

**\*\*When done, your coach will go over issues you'd like help with and make recommendations.\*\***

0-6	Low Wellness
6-10	Medium Wellness
10-16	High Wellness (Good)