

ABHM Holistic Health and Wellness Questionnaire

Answer the questions in each section below and total your score. Each response will be a number from 0 to 5. Please refer to the frequency described within the parentheses (i.e. "2 to 3x/wk") when answering questions about an activity i.e., "Do you maintain a healthy diet?" However, when the question refers to an attitude or an emotion (most of the Mind and Spirit questions), i.e., "Do you have a sense of humor?" the response is more subjective, less exact, and you can refer only to the items describing the frequency, such as often or daily, but not to the numbered frequencies in parentheses.

- 0 = Never or almost never (once a year or less)
- 1 = Seldom (2 to 12 times/year)
- 2 = Occasionally (2 - 4 times/month)
- 3 = Often (2 - 3 times/week)
- 4 = Regularly (4 - 6 times/week)
- 5 = Daily (every day)

BODY: Physical and Environmental Health

- ___ 1. Do you maintain a healthy diet (low fat, low sugar, fresh fruits, grains and vegetables)?
- ___ 2. Is your water intake adequate (at least 1/2 oz/lb of body weight; 160 lbs. = 80 oz.)?
- ___ 3. Are you within 20 percent of your ideal body weight?
- ___ 4. Do you feel physically attractive?
- ___ 5. Do you fall asleep easily and sleep soundly?
- ___ 6. Do you awaken in the morning feeling well rested?
- ___ 7. Do you have more than enough energy to meet your daily responsibilities?
- ___ 8. Are your five senses acute?
- ___ 9. Do you take time to experience sensual pleasure?
- ___ 10. Do you schedule regular massage or deep-tissue body work?
- ___ 11. Does your sexual relationship feel gratifying?
- ___ 12. Do you engage in regular physical workouts lasting at least 20 minutes
- ___ 13. Do you have good endurance or aerobic capacity?
- ___ 14. Do you breathe abdominally for at least a few minutes?
- ___ 15. Do you maintain physically challenging goals?
- ___ 16. Are you physically strong?
- ___ 17. Do you do some stretching exercises?
- ___ 18. Are you free of chronic aches, pains, ailments and diseases?
- ___ 19. Do you have regular effortless bowel movements?
- ___ 20. Do you understand the causes of your chronic physical problems?
- ___ 21. Are you free of any drug or alcohol dependency (including nicotine and caffeine)?
- ___ 22. Do you live in a healthy environment with respect to clean air, water and indoor pollution?
- ___ 23. Do you feel energized or empowered by nature?
- ___ 24. Do you feel a strong connection with and appreciation for your body, your home and your environment?
- ___ 25. Do you have an awareness of life-energy or qi?

TOTAL BODY SCORE _____

- 0 = Never or almost never (once a year or less)
- 1 = Seldom (2 to 12 times/year)
- 2 = Occasionally (2 - 4 times/month)
- 3 = Often (2 - 3 times/week)
- 4 = Regularly (4 - 6 times/week)
- 5 = Daily (every day)

MIND: Mental and Emotional Health

- ___ 1. Do you have specific goals in your personal and professional life?
- ___ 2. Do you have the ability to concentrate for extended periods of time?
- ___ 3. Do you use visualization or mental imagery to help you attain your goals or enhance your performance?
- ___ 4. Do you believe it is possible to change?
- ___ 5. Can you meet your financial needs and desires?
- ___ 6. Is your outlook basically optimistic?
- ___ 7. Do you give yourself more supportive messages than critical messages?
- ___ 8. Does your job utilize all of your greatest talents?
- ___ 9. Is your job enjoyable and fulfilling?
- ___ 10. Are you willing to take risks or make mistakes in order to succeed?
- ___ 11. Are you able to adjust beliefs and attitudes as a result of learning from painful experiences?
- ___ 12. Do you have a sense of humor?
- ___ 13. Do you maintain peace of mind and tranquility?
- ___ 14. Are you free from a strong need for control or the need to be right?
- ___ 15. Are you able to fully experience (feel) your painful feelings such as fear, anger, sadness, and hopelessness?
- ___ 16. Are you aware of and able to safely express fear?
- ___ 17. Are you aware of and able to safely express anger?
- ___ 18. Are you aware of and able to safely express sadness or cry?
- ___ 19. Are you accepting of all your feelings?
- ___ 20. Do you engage in meditation, contemplation, or psychotherapy to better understand your feelings?
- ___ 21. Is your sleep free from disturbing dreams?
- ___ 22. Do you explore the symbolism and emotional content of your dreams?
- ___ 23. Do you take the time to let down and relax, or make time for activities that constitute the abandon or absorption of play?
- ___ 24. Do you experience feelings of exhilaration?
- ___ 25. Do you enjoy high self-esteem?

TOTAL MIND/EMOTIONS SCORE _____

- 0 = Never or almost never (once a year or less)
- 1 = Seldom (2 to 12 times/year)
- 2 = Occasionally (2 - 4 times/month)
- 3 = Often (2 - 3 times/week)
- 4 = Regularly (4 - 6 times/week)
- 5 = Daily (every day)

SPIRIT: Spiritual and Social Health

- ___ 1. Do you actively commit time to your spiritual life?
- ___ 2. Do you take time for prayer, meditation, or reflection?
- ___ 3. Do you listen to your intuition?
- ___ 4. Are creative activities a part of your work or leisure time?
- ___ 5. Do you take risks or exceed previous limits?
- ___ 6. Do you have faith in a God, spirit guides, or angels?
- ___ 7. Are you free from anger toward God?
- ___ 8. Are you grateful for the blessings in your life?
- ___ 9. Do you take walks, garden, or have contact with nature?
- ___ 10. Are you able to let go of your attachment to specific outcomes and embrace uncertainty?
- ___ 11. Do you observe a day of rest completely away from work, dedicated to nurturing yourself and your family?
- ___ 12. Can you let go of self-interest in deciding the best course of action for a given situation?
- ___ 13. Do you feel a sense of purpose?
- ___ 14. Do you make time to connect with young children, either your own or someone else's?
- ___ 15. Are playfulness and humor important to you in your daily life?
- ___ 16. Do you have the ability to forgive yourself and others?
- ___ 17. Have you demonstrated the willingness to commit to a marriage or compatible long-term relationship?
- ___ 18. Do you experience intimacy, besides sex, in your committed relationships?
- ___ 19. Do you confide in or speak openly with one or more close friends?
- ___ 20. Do you or did you feel close to your parents?
- ___ 21. If you have experienced the loss of a loved one, have you fully grieved that loss?
- ___ 22. Has your experience of pain enabled you to grow spiritually?
- ___ 23. Do you go out of your way or give time to help others?
- ___ 24. Do you feel a sense of belonging to a group or community?
- ___ 25. Do you experience unconditional love?

TOTAL SPIRIT SCORE _____

Add up all your scores to find your Total Body, Mind, Spirit Score _____

HEALTH SCALE

- 325 - 375 Optimal Health
- 275 - 324 Excellent Health
- 225 - 274 Good Health
- 175 - 224 Fair Health
- 125 - 174 Below Average Health
- 75 - 124 Poor Health
- 0 - 74 Extremely Poor Health = Surviving