

Wellness Status and Health Behavior Questionnaire

There are many known aspects of life that greatly influence your wellbeing and your health. These factors will influence how fast you can heal. This questionnaire seeks to determine how well you feel these various aspects of your life are currently going, and what lifestyle choices or behaviors you currently undertake that would improve your health and wellbeing.

SECTION A – Your current wellness status

Instructions: Please answer **ALL** the scales, based on how you have felt on average; in other words, the majority of the time **in the past week**. For each 0-10 scale the end-descriptors of 0 and 10 are described under each question. If you feel like you experience equally both extremes then you can tick the box labeled 5, or you may feel you are closer to one extreme than the other.

Question 1

Over the past week, how well have you slept? Terrible means you have had too little and/or very broken sleep every night of the past week. Fantastic in this case means you have had a good, continuous 8 or 9 hours of sleep each night last week.

<input type="checkbox"/>										
0	1	2	3	4	5	6	7	8	9	10
Terribly										Fantastic

Question 2

Over the past week, how well-rested have you felt in the mornings? Not at all rested in this case means you have woken up feeling exhausted and non-rested every morning of the past week, while completely rested in this case means you have woken up every morning feeling refreshed, fully rested and ready to take on your day every morning this past week.

<input type="checkbox"/>										
0	1	2	3	4	5	6	7	8	9	10
Not at all rested										Completely rested

Question 3

Over the past week, how good do you feel your social life is? Terrible means you have had no time to see any friends and/or that you do not feel supported by your social network, and Fantastic in this case means you have been able to catch up with friends and you do feel supported by your social network.

<input type="checkbox"/>										
0	1	2	3	4	5	6	7	8	9	10
Terrible										Fantastic

Question 4

Over the past week, how well have you felt mentally? Terrible in this case indicates you have had lots of depressive (sad, tearful, negative, unhappy) and/or anxious feelings (tense, worried, fearful, nervous, uptight, irritable, difficulty concentrating/relaxing), while Fantastic means you have experienced lots of positive feelings (such as happiness, excitement, joy, hope, and inspiration) and you feel you coped well with any depressive and/or anxious feelings.

<input type="checkbox"/>										
0	1	2	3	4	5	6	7	8	9	10
Terrible										Fantastic

Question 10

Over the past week, how well do you feel your work life has been? Terrible in this case indicates your work life and/or work relationships brings you a lot of grief and stress. This could be because you have no work, or because of pressures you feel from work, and/or due to difficult relationships with work colleagues. While terrific in this case means you feel you have a great work life, you feel valued, and you feel your contribution matters.

0 Terrible
 1
 2
 3
 4
 5
 6
 7
 8
 9
 10 Fantastic

SECTION B – Your current health promoting behaviors

Instructions: Please answer **ALL** the scales, based on how often you participated in the following wellness behaviors **during the last week**.

Question 1

Over the past week, how many days have you exercised (e.g. gone for a walk or run and/or done any strength training, such as lifting weights or doing squats and/or sit-ups)?

0 Never
 1
 2
 3
 4
 5
 6
 7 Every single day

Question 2

Over the past week, how often have you done mindfulness meditation?

0 Never
 1
 2
 3
 4
 5
 6
 7 Every single day

Question 3

Over the past week, how often have you practiced conscious breathing exercises?

0 Never
 1
 2
 3
 4
 5
 6
 7 Every single day

Question 4

Over the past week, how often have you practiced gratitude?

0 Never
 1
 2
 3
 4
 5
 6
 7 Every single day

Question 5

Over the past week, how often have you had a positive attitude or been thinking positively about your situation and/or about what has happened this week?

0 Never
 1
 2
 3
 4
 5
 6
 7 Every single day

Question 6

Over the past week, how often have you taken a 'sensory siesta' (a break from sensory input by lying down with a blanket over you, eye covers, noise-suppression headphones or in a quiet place and thought about nothing for 20 minutes)?

<input type="checkbox"/>							
0	1	2	3	4	5	6	7
Never							Every single day

Question 7

Over the past week, how often have you carefully considered eating healthy, natural foods (fresh fruit, fresh vegetables, nuts and seeds, good quality protein, complex carbohydrates and healthy fats) and been present mentally while you ate?

<input type="checkbox"/>							
0	1	2	3	4	5	6	7
Never							Every single day

Question 8

Over the past week, how often have you taken care of your gut and microbiome by eating fresh healthy foods and/or taking prebiotics and/or probiotics?

<input type="checkbox"/>							
0	1	2	3	4	5	6	7
Never							Every single day

Question 9

Over the past week, how often have you taken any good quality health supplements?

<input type="checkbox"/>							
0	1	2	3	4	5	6	7
Never							Every single day

Question 10

Over the past week, how often have you had good healthy intimate connections (such as hugs, kisses, cuddles and/or sex)?

<input type="checkbox"/>							
0	1	2	3	4	5	6	7
Never							Every single day

Section A score: ____ / 100 (Your current wellness status)

Section B score: ____ / 70 (Your current health promoting behaviors)