HOLISTIC HEALTH SELF ASSESSMENT

PHYSICAL HEALTH

1. Do you have low energy/no energy?  
   Yes  
   No

2. Do your meals and snacks consist mostly of processed food or fast food?  
   Yes  
   No

3. Is bloating, gas, constipation (intestinal distress) your normal?  
   Yes  
   No

4. Do you depend on stimulants like caffeine and alcohol to get through your day and evening?  
   Yes  
   No

5. Is sleep an issue for you (not enough or poor quality)?  
   Yes  
   No

MENTAL HEALTH

1. Are you constantly using your brain without giving it a break?  
   Yes  
   No

2. Are you noticing a decline in your memory?  
   Yes  
   No

3. Do you experience “Brain Fog” (feeling of spaciness, confusion) regularly?  
   Yes  
   No

4. Do you focus on negative thoughts?  
   Yes  
   No

5. Do you have a hard time concentrating?  
   Yes  
   No
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>1. Is your stress level high/off the charts?</td>
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<td>2. Do negative emotions outnumber your positive emotions?</td>
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<td>3. Do you feel you are missing a meaningful spiritual practice?</td>
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<td>4. Are you struggling with what to do about your unfulfilling career/life’s work?</td>
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<td>5. Are you struggling with what to do about an unfulfilling personal/family relationship?</td>
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If you answered **Yes to 8 or more** questions, you will benefit greatly by working with a holistic health coach.