

HOLISTIC HEALTH SELF ASSESSMENT

PHYSICAL HEALTH

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|---|-----|----|
| 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 |

EMOTIONAL HEALTH

- | | | |
|---|-----|----|
| 1. Is your stress level high/off the charts? | Yes | No |
| 2. Do negative emotions outnumber your positive emotions? | Yes | No |
| 3. Do you feel you are missing a meaningful spiritual practice? | Yes | No |
| 4. Are you struggling with what to do about your unfulfilling career/life's work? | Yes | No |
| 5. Are you struggling with what to do about an unfulfilling personal/family relationship? | Yes | No |

If you answered **Yes to 8 or more** questions, you will benefit greatly by working with a holistic health coach.