

Lifestyle Wellness: Readiness and Coaching Questionnaire

Most all chronic health conditions have one thing in common, and that is, they can be helped by identifying and addressing the underlying factors that allow the condition to persist.

There is hope with Lifestyle Wellness. Lifestyle Wellness uses an evidence-based approach to identify what is causing chronic health issues. Treatment is focused on addressing the underlying factors to slow or reverse the progression of those conditions. This is done through Lifestyle management of nutrition, environmental exposures, physical activity, stress management, and social factors that are involved in your health.

Please complete the following questionnaire openly and honestly. It will help us determine your readiness and any resources you may need in beginning a journey in Lifestyle Wellness.

Name: _____ Date: _____

Please select the choice that fits you best:

1. Commitment to health:

I am interested in finding out the underlying causes of my chronic health condition:

- a. However, I'm not ready to take on a significant lifestyle change to address it.
- b. I'm ready to make changes, but it really depends on what those changes are.
- c. I'm ready to make whatever changes are recommended, but I will need some coaching and support.
- d. I'm ready and self-motivated to make changes no matter what it takes.

2. Level of lifestyle awareness:

When it comes to how my lifestyle choices affect my health:

- a. I'm not convinced my lifestyle choices really have anything to do with my health.
- b. I know my lifestyle choices are affecting my health, but I'm not clear on exactly how they are affecting it.
- c. I know my lifestyle choices affect my health, and I have some clear relationships I've figured out over time.
- d. I am keenly aware of how my lifestyle choices affect my health and have observed/documented the cause-and-effect relationships.

3. Level of body awareness:

When it comes to how my body is feeling:

- a. I don't pay much attention to how my body is feeling.
- b. When my body feels uncomfortable, I can sense it, but it doesn't change what I do.
- c. When my body feels uncomfortable, I recognize it, and I attempt to help myself by using simple methods at home or asking a professional.

- d. When my body feels uncomfortable, I tune in specifically to what I think my body needs and I address it with the skills, knowledge, and/or healthcare providers I've acquired over time.

4. Past Experience:

Regarding how nutrition, stress, and environmental factors play a role in my health:

- a. I have not yet explored it. It's new to me.
- b. I have some experience, but I'm not currently engaging in any actions to address it.
- c. I am aware of a few key factors that play a role in my health and make some effort in my lifestyle choices that help me to improve.
- d. I have specifically identified, through both trialing and testing, numerous lifestyle issues that affect my health and I work daily to address them.

5. Nutrition:

Regarding my choices around food:

- a. I don't pay much attention to the nutritional value of what I eat, and I don't see that changing.
- b. I would like to pay more attention to my nutrition, but I'm not sure what I need to do so I can be successful.
- c. I pay attention to what I understand is healthful eating, and I try to shop/eat that way regularly.
- d. I have trialed and/or tested the foods that are individually healthy or inflammatory to me. I read labels and choose my foods with care and intention daily.

6. Nutritional supplements:

When it comes to how I feel about dietary supplements:

- a. I don't like the idea of taking any dietary supplements. I'd like to get all my nutrition from food.
- b. I am open to taking a few supplements, but only if a specific symptom requires me to take it "as needed."
- c. I am taking daily supplements for health and wellness; however, I'd like to make sure what I'm taking is right for me.
- d. I take a lot of supplements, and I think I know what they're all for and how they're helping me.

7. Movement and Exercise:

- a. I don't get much physical activity daily, and I don't exercise. I don't see that changing.
- b. I know I need to move more; I just need to find what works for me consistently.
- c. I get regular physical activity/exercise, but I could use help optimizing what's best for me.

- d. I am committed to regular movement and exercise. I know what works for me and what doesn't.

8. Potential Challenges (Circle as many that apply)

- a. I am lacking support at home to either help or encourage me to make lifestyle changes.
- b. I have a lot of stress in my life right now and I'm uncertain how much more I can take on.
- c. I have very limited time to put toward making changes for my health.
- d. I am concerned about the cost of a Lifestyle Wellness program.
- e. I'm really looking for something simple, like a pill that I can take, that will cure my health issues.
- f. I am not ready or don't have the capacity to learn about the underlying factors and lifestyle changes it will take to make meaningful changes for me.
- g. I don't know how to cook or am not primarily in charge of what is cooked for me.
- h. I don't like the idea of working on my health because that implies there must be something wrong with it. I just want to feel normal and be free to do whatever I want, regardless of health consequences down the road.
- i. I am easily tempted by things that I know to be unhealthy.
- j. I use food or substances to alleviate stress.
- k. I have anxiety around health and would rather stay unaware about what's going on in my body rather than uncovering what's happening.
- l. I have an injury that prevents me from physical activity.
- m. If I'm not dying, I don't need to work on my health. (If it ain't broke, don't fix it).
- n. None of the above.

Write any other challenges you may have:
