

Patient Name: _____ Date: _____

To help evaluate your state of wellness, please fill out the following questionnaire. Circle yes or no for each question, and note in the Comments sections any additional concerns related to each category. After reviewing your answers, your health care provider will discuss options to improve your wellbeing.

Nutritional Wellbeing

- Do you eat organically grown and in season foods?
- Do you eat cold water fish such as wild caught salmon or cod at least twice a week?
- Do you eat five different colors of vegetables per day?
- Do you eat enough vegetables to meet your fiber needs?
- Do you fast at least 12 hours three or more times per week?
- Do you chew your food thoroughly, until it is a paste, before swallowing?

Blue Score _____

- Do you suffer from regular bouts of diarrhea, bloating or constipation?
- Do you regularly drink soda (diet or regular)?
- Do you take antacids or proton pump inhibitors such as Prilosec, Prevacid, Protonix or omeprazole?
- Do you eat out more than twice a week?
- Do you regularly get muscle cramps?

Red Score _____

On a scale of 1-3, with 1 being poor and 3 being great, how is your diet?

Total Nutritional Wellbeing Score _____

Comments: _____

Physical Wellbeing

- Do you watch TV or work on your computer/tablet less than two hours per day?
- Do you get outside most days of the week for at least 10 minutes?
- Do you participate in physically active hobbies such as gardening or dancing?
- Do you participate in a formal exercise program?
- Do you perform easy stretching/balancing exercises?
- Do you perform exercises that elevate your heart rate?

Blue Score _____

- Do you regularly have muscle or joint pain?
- Do you take prescribed or over-the-counter medications on a regular basis for joint pain or muscle pain?
- Have you had surgery for any musculoskeletal conditions such as knee, shoulder or back pain?
- Have you been diagnosed with arthritis, chronic fatigue syndrome or fibromyalgia?
- Do you exercise less than three times or more than five times per week?

Red Score _____

On a scale of 1-3, with 1 being poor and 3 being great, how is your physical health?

Total Physical Wellbeing Score _____

Comments: _____

Emotional Wellbeing

- Do you participate in group activities at least three times per week?
- Do you sleep seven to eight hours a night without the help of medication?
- Are you spiritually active at least four times per month (e.g. meditate, participate in church activities, prayer)?
- Do you eat some of your meals with family or friends every day?
- Do you have one or more pets?
- Do you practice stress management technique such as deep breathing?

Blue Score _____

- Do you frequently experience anxiety, mental foginess, trouble concentrating, or depression?
- Do you wake up more than twice a night, need an alarm clock to wake up, or feel tired/sluggish once you wake up?
- Do you consider your job, personal relationships or finances stressors in your daily life?
- Do you care for a parent or a disabled family member?
- Do you feel lonely?

Red Score _____

On a scale of 1-3, with 1 being very stressed and 3 being not stressed at all, how stressed are you?

Total Emotional Wellbeing Score _____

Comments: _____

Environmental Wellbeing

- Do you avoid drinking from plastic bottles/cups and eating food from plastic plates or containers?
- Do you eat organic?
- Do you grow your own fruits or vegetables?
- Are you free of physical threats (e.g. personal relationship, workplace)?
- Are you free of emotional toxins (e.g. personal relationship, workplace, family)?
- Do you use organic cleaners such as soap, detergent, and shampoo?

Blue Score _____

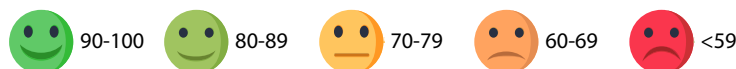
- Do you smoke or vape, or are you regularly exposed to secondhand smoke?
- Have you lived or worked in a place with known mold?
- Do you get sick often or have you taken antibiotics in the last two years?
- Do you have mercury fillings or had all your mercury fillings removed at the same time?
- Have you been exposed to lead or other heavy metals (e.g. tin, aluminum, magnesium)?

Red Score _____

On a scale of 1-3, with 1 being poor and 3 being very good, how would you rate the quality of your environment?

Total Environmental Wellbeing Score _____

Comments: _____



WellMatrix Index _____