



Your Goals and Profile

Goals

Please indicate the importance of these wellness goals to you.

- 1 On a scale from 1 to 5, indicate the level of importance of these wellness goals: Rate EACH goal with a number- # 1 for the highest importance to you, and #5 for no importance.
  - 1 Improve my cardiovascular health and endurance
  - 2 Have more energy
  - 3 Gain weight
  - 4 Feel more relaxed and less stressed
  - 5 Achieve a feeling of control of my finances
  - 6 Achieve a feeling of control of my physical surroundings
  - 7 Improve my work relationships
  - 8 Improve my family relationships
  - 9 Sleep better
  - 10 Improve my nutrition
  - 11 Increase my flexibility
  - 12 Increase my strength
  - 13 Lose weight

Your Profile

For a profile that helps us develop the most appropriate wellness plan, please answer the next questions. As with all the questions, there are no "right answers".

- 1 I am married or living with another in a significant relationship.
  - 1 Yes
  - 2 No
- 2 I would like to enhance my relationship with my children.
  - 1 Yes
  - 2 No/Not Applicable
- 3 I have a job that I am paid for.
  - 1 Yes
  - 2 No
- 4 I am interested in exercise.
  - 1 Yes
  - 2 No
- 5 I am interested in nutrition.
  - 1 Yes
  - 2 No
- 6 I have no physical condition that would prevent me from exercising.
  - 1 True
  - 2 False
- 7 I have not lost more than 5 lbs. of body weight in the last 30 days.
  - 1 True

2 False

- 8 Please choose the answer that best describes your weight goals:
  - 1 I want to maintain my weight
  - 2 I want to lose 1/2 pound per week
  - 3 I want to lose 1 pound per week
  - 4 I want to lose 1 1/2 pounds or more per week
  - 5 I want to gain 1/2 pound per week
  - 6 I want to gain 1 pound per week
  - 7 I want to gain 1 1/2 pounds or more per week

Supplements And Meal Planning Survey

Please answer these nutrition questions so that we can provide your nutritional supplements and meal planning program.

- 1 Please choose one of the following descriptions:
  - 1 I am a male
  - 2 I am a pre-menopausal female
  - 3 I am a menopausal female
  - 4 I am a post-menopausal female
- 2 I currently desire to lose more than 15 pounds:
  - 1 Yes
  - 2 No
- 3 Please choose the sentence you feel best describes your overall psychological stress level:
  - 1 I am under mild stress
  - 2 I am under moderate stress
  - 3 I am under severe stress
- 4 Do you have difficulty concentrating during the day?
  - 1 Yes
  - 2 No
- 5 Please choose the sentence you feel best describes your joint function:
  - 1 My joints function optimally
  - 2 One or more of my joints is swollen intermittently
  - 3 One or more of my joints is swollen constantly
  - 4 One or more of my joints is painful intermittently
  - 5 One or more of my joints is painful consistently
- 6 Have you been diagnosed with any form of osteoporosis or arthritis?
  - 1 Yes
  - 2 No
- 7 Please choose the sentence that best describes your consumption of cold-water ocean fish (salmon, haddock, sardines, cod, mackerel, herrin, tuna etc.)
  - 1 Never eat cold-water ocean fish
  - 2 Eat less than 1 time per week
  - 3 Eat 1 to 3 times per week
  - 4 Eat 4 or more times per week

## Three Dimensions of Wellness Survey

### The Physical Dimension

Please answer these questions to describe your Physical stresses. Considering your lifestyle over the past month select the appropriate answer for each question.

- 1 How many times per week do you spend at least 5 minutes performing stretching exercises?
  - 1 5 or more times
  - 2 4 times
  - 3 3 times
  - 4 2 times
  - 5 1 time
  - 6 I do not stretch
- 2 I would describe the quality of the sleep I get as:
  - 1 Excellent
  - 2 Good
  - 3 Fair
  - 4 Poor
- 3 How many times per week do you spend at least 20 minutes performing cardiovascular exercise (running, bicycling, brisk walking, team sports, Creating Wellness Cardio DVD's Exercise, etc.)?
  - 1 5 or more times
  - 2 4 times
  - 3 3 times
  - 4 2 times
  - 5 1 time
  - 6 No such exercise
- 4 How many times per week do you spend at least 20 minutes performing strength exercise (including Creating Wellness strength DVDs)?
  - 1 5 or more times
  - 2 4 times
  - 3 3 times
  - 4 2 times
  - 5 1 time
  - 6 No such exercise
- 5 I have had my spine checked or adjusted as scheduled per a chiropractor's recommendation:
  - 1 For over two years
  - 2 For one to two years
  - 3 For three months to twelve months
  - 4 Currently but less than three months
  - 5 Not Currently but in the past
  - 6 Never
- 6 On Average, how many hours do you sleep per day?
  - 1 Four hours or less
  - 2 More than four but less than six
  - 3 Six to seven
  - 4 Seven to nine
  - 5 More than nine hours
- 7 Are you experiencing persistent muscle, bone, joint or back pain?
  - 1 No, I don't have persistent pain in these parts of my body
  - 2 Yes, for less than one month
  - 3 Yes, between one to three months
  - 4 Yes, between four months and a year
  - 5 Yes, over 1 year
- 8 If you have pain in your muscle, bone or joints, typically how would you describe it?
  - 1 The pain is very intense
  - 2 The pain is somewhat intense

- 3 The pain is moderate
- 4 The pain is mild
- 5 I have no pain in these parts of my body

- 9 Please choose the answer that best describes your health history regarding the following diseases: heart disease, chronic kidney or liver disorders, emphysema, cancer or any type of diabetes:
  - 1 I have none of these conditions
  - 2 Yes, and the disease(s) or treatment has had a mild effect on my quality of life
  - 3 Yes, and the disease(s) or treatment has had a moderate effect on my quality of life
  - 4 Yes, and the disease(s) or treatment has had a severe effect on my quality of life
- 10 Please choose the answer that best describes your health history regarding the following diseases: stroke, high blood pressure, high cholesterol, immune diseases or any other diseases affecting your internal organs:
  - 1 I have none of these conditions
  - 2 Yes, and the disease(s) or treatment has had a mild effect on my quality of life
  - 3 Yes, and the disease(s) or treatment has had a moderate effect on my quality of life
  - 4 Yes, and the disease(s) or treatment has had a severe effect on my quality of life

### The Bio-Chemical Dimension

Please answer these questions to describe your Bio-chemical stresses. Considering your lifestyle over the past month select the most appropriate answer for each question.

- 1 How many times per week do you eat a healthy, well-balanced breakfast?
  - 1 6-7 times
  - 2 4-5 times
  - 3 1-3 times
  - 4 Never
- 2 How many times per week do you eat a healthy, well-balanced lunch?
  - 1 6-7 times
  - 2 4-5 times
  - 3 1-3 times
  - 4 Never
- 3 How many times per week do you eat a healthy, well-balanced dinner?
  - 1 6-7 times
  - 2 4-5 times
  - 3 1-3 times
  - 4 Never
- 4 How many times per week do you eat a complete meal within one hour of waking up in the morning?
  - 1 6-7 times
  - 2 4-5 times
  - 3 1-3 times
  - 4 Never
- 5 How many times per week do you eat a complete meal within one hour of going to sleep at night?
  - 1 6-7 times
  - 2 4-5 times
  - 3 1-3 times
  - 4 Never

- 6 How many times per week do you eat fast food, such as McDonald's, Burger King, Taco Bell?
- 1 *The majority of my meals*
  - 2 *Once a day*
  - 3 *Once every few days*
  - 4 *Once a week*
  - 5 *Almost never*
- 7 How many healthy, well-balanced meals do you eat per week?
- 1 *Almost every meal*
  - 2 *Once a day*
  - 3 *Once every few days*
  - 4 *Once a week*
  - 5 *Almost never*
- 8 On average, how many servings/portions of fruit do you consume per day, including juices and snacks?
- 1 *0 servings*
  - 2 *1 serving*
  - 3 *2 servings*
  - 4 *3 servings*
  - 5 *4 or more servings*
- 9 On average, how many servings/portions of vegetables do you consume per day, including juices and snacks?
- 1 *0 servings*
  - 2 *1 serving*
  - 3 *2 servings*
  - 4 *3 servings*
  - 5 *4 or more servings*
- 10 Do you crave sweets?
- 1 *Never*
  - 2 *Occasionally*
  - 3 *Often*
- 11 Do you find that you routinely crave the same food, snacks or drinks?
- 1 *Often*
  - 2 *Occasionally*
  - 3 *Never*
- 12 How many times per week do you eat fatty or fried foods, including desserts?
- 1 *7 or more times*
  - 2 *6 times*
  - 3 *4-5 times*
  - 4 *1-3 times*
  - 5 *Never*
- 13 How many times per week do you eat a meal with a larger portion size than you feel is healthy?
- 1 *Almost never*
  - 2 *1-2 times*
  - 3 *3-4 times*
  - 4 *5-6 times*
  - 5 *7 or more times*
- 14 How often do you purchase organically grown foods?
- 1 *Almost always*
  - 2 *Usually*
  - 3 *Occasionally*
  - 4 *Almost never*
- 15 How many times per week do you eat frozen, packaged or processed meals?
- 1 *7 or more times*
  - 2 *5-6 times*
  - 3 *3-4 times*
  - 4 *1-2 times*
  - 5 *Never*
- 16 How many glasses of water do you drink per day?
- 1 *8 or more glasses*
  - 2 *7 glasses*
  - 3 *5-6 glasses*
  - 4 *3-4 glasses*
  - 5 *Fewer than 3 glasses*
- 17 How many drinks of caffeinated beverages do you have per day?
- 1 *Less than one per day*
  - 2 *1 drink*
  - 3 *2 drinks*
  - 4 *3 drinks*
  - 5 *More than 4 drinks*
- 18 Based on eating 21 meals per week, on average, how many times per week are you eating healthy, freshly prepared meals?
- 1 *14 or more per week*
  - 2 *10 to 13 per week*
  - 3 *6 to 9 per week*
  - 4 *3 to 5 per week*
  - 5 *less than 3 per week*
- 19 On average, how many drinks of wine, beer, or hard liquor do you consume per day?
- 1 *1 or less drinks*
  - 2 *2 drinks*
  - 3 *3 drinks*
  - 4 *4 drinks*
  - 5 *5 or more drinks*
- 20 How many cigarettes do you smoke per day?
- 1 *None, I don't smoke*
  - 2 *1-5 per day*
  - 3 *6-10 per day*
  - 4 *11 or more per day*
- 21 How many times per week are you exposed to second-hand smoke for an hour or more?
- 1 *7 times*
  - 2 *6 times*
  - 3 *4-5 times*
  - 4 *1-3 times*
  - 5 *Never*
- 22 How many times per week are you exposed to chemicals in the workplace or elsewhere for an hour or more?
- 1 *7 times*
  - 2 *6 times*
  - 3 *4-5 times*
  - 4 *1-3 times*
  - 5 *Never*
- 23 Do you live or work in a metropolitan area with poor air quality?
- 1 *No*
  - 2 *Yes*
- 24 I take non-prescription pain killers (aspirin, Motrin/Advil/Ibuprofen, Tylenol/Acetaminophen) :
- 1 *Never*
  - 2 *Occasionally but less than once a month*
  - 3 *Once a month*
  - 4 *2-3 times a month*
  - 5 *Once a week*
  - 6 *2-4 times a week*
  - 7 *5 times or more a week*

- 25 I take non-prescription medication for digestive problems or reflux (Prilosec, Imodium A-D, Pepcid, etc.):
- 1 *Never*
  - 2 *Occasionally but less than once a month*
  - 3 *Once a month*
  - 4 *2-3 times a month*
  - 5 *Once a week*
  - 6 *2-4 times a week*
  - 7 *5 times or more a week*
- 26 I take allergy/sinus non-prescription medication (Sudafed, Claritin, Benadryl, etc.):
- 1 *Never*
  - 2 *Occasionally but less than once a month*
  - 3 *Once a month*
  - 4 *2-3 times a month*
  - 5 *Once a week*
  - 6 *2-4 times a week*
  - 7 *5 times or more a week*
- 27 I take any other non-prescription medication (Tylenol PM, Midol, Dramamine, etc.):
- 1 *Never*
  - 2 *Occasionally but less than once a month*
  - 3 *Once a month*
  - 4 *2-3 times a month*
  - 5 *Once a week*
  - 6 *2-4 times a week*
  - 7 *5 times or more a week*
- 28 How many prescription blood pressure/heart rate medication(s) do you currently take?
- 1 *None*
  - 2 *1*
  - 3 *2*
  - 4 *3 or more*
- 29 Do you currently take a prescription cholesterol/lipid medication?
- 1 *No*
  - 2 *Yes*
- 30 Do you currently take a prescription Reflux/G.E.R.D. medication?
- 1 *No*
  - 2 *Yes*
- 31 Do you currently take a prescription antidepressants/psychiatric medication?
- 1 *No*
  - 2 *Yes*
- 32 Do you currently take a prescription sleep medication?
- 1 *No*
  - 2 *Yes*
- 33 Do you currently take a prescription medication for diabetes/blood sugar problems?
- 1 *No*
  - 2 *Yes*
- 34 Do you currently take a prescription pain medication?
- 1 *I do not take any prescription pain medication*
  - 2 *Occasionally to less than once a month*
  - 3 *Once a month*
  - 4 *2-3 times a month*
  - 5 *Once a week*
  - 6 *2-4 times a week*
  - 7 *5 times or more a week*
- 35 Do you currently take a prescription medication not mentioned above?
- 1 *No*
  - 2 *Yes*

## The Psychological Dimension

Please answer these questions to describe your Psychological stresses. Considering your lifestyle over the past month, select the most appropriate answer for each question.

- 1 I have constructive outlets for my aggression.
- 1 *Strongly Agree*
  - 2 *Agree*
  - 3 *Agree somewhat*
  - 4 *Disagree*
  - 5 *Strongly Disagree*
- 2 I'm good at making time for myself.
- 1 *Strongly Agree*
  - 2 *Agree*
  - 3 *Agree somewhat*
  - 4 *Disagree*
  - 5 *Strongly Disagree*
- 3 When desired I am able to rapidly calm myself from a state of agitation.
- 1 *Never*
  - 2 *Rarely*
  - 3 *Sometimes*
  - 4 *Almost Always*
  - 5 *Always*
- 4 I feel that what it would take to make me truly happy is achievable.
- 1 *Strongly Agree*
  - 2 *Agree*
  - 3 *Agree somewhat*
  - 4 *Disagree*
  - 5 *Strongly Disagree*
- 5 I lead a purpose driven life. My actions are driven by clear goals and values.
- 1 *Strongly Agree*
  - 2 *Agree*
  - 3 *Agree somewhat*
  - 4 *Disagree*
  - 5 *Strongly Disagree*
- 6 I am concerned that I do not use my time as efficiently as possible at work.
- 1 *Strongly Agree*
  - 2 *Agree*
  - 3 *Agree somewhat*
  - 4 *Disagree*
  - 5 *Strongly Disagree*
  - 6 *Not applicable*
- 7 I suffer anxiety attacks.
- 1 *Never*
  - 2 *Rarely*
  - 3 *Sometimes*
  - 4 *Often*
  - 5 *Very Often*
- 8 I regularly generate a strategy for achieving a goal and carry it through to completion.
- 1 *Strongly Agree*
  - 2 *Agree*
  - 3 *Agree somewhat*
  - 4 *Disagree*
  - 5 *Strongly Disagree*

9 I could benefit from a more organized workspace.

- 1 *Strongly Agree*
- 2 *Agree*
- 3 *Agree somewhat*
- 4 *Disagree*
- 5 *Strongly Disagree*
- 6 *Not applicable*

10 I am able to use humor to diffuse tension in interpersonal situations.

- 1 *Strongly Agree*
- 2 *Agree*
- 3 *Agree somewhat*
- 4 *Disagree*
- 5 *Strongly Disagree*

11 I allow myself to express my emotions in an appropriate fashion.

- 1 *Strongly Agree*
- 2 *Agree*
- 3 *Agree somewhat*
- 4 *Disagree*
- 5 *Strongly Disagree*

12 I am able to face the major stressors in my life and productively deal with them.

- 1 *Strongly Agree*
- 2 *Agree*
- 3 *Agree somewhat*
- 4 *Disagree*
- 5 *Strongly Disagree*

13 I am frequently forced to change my plans based on unexpected events.

- 1 *Strongly Agree*
- 2 *Agree*
- 3 *Agree somewhat*
- 4 *Disagree*
- 5 *Strongly Disagree*

14 I have trouble finding time for important projects that lack deadlines.

- 1 *Strongly Agree*
- 2 *Agree*
- 3 *Agree somewhat*
- 4 *Disagree*
- 5 *Strongly Disagree*

15 I'm comfortable asking other people for help.

- 1 *Strongly Agree*
- 2 *Agree*
- 3 *Agree somewhat*
- 4 *Disagree*
- 5 *Strongly Disagree*

16 I find delegating easy.

- 1 *Strongly Agree*
- 2 *Agree*
- 3 *Agree somewhat*
- 4 *Disagree*
- 5 *Strongly Disagree*

17 I'm frequently disrupted by distractions during the day.

- 1 *Strongly Agree*
- 2 *Agree*
- 3 *Agree somewhat*
- 4 *Disagree*
- 5 *Strongly Disagree*

18 I keep objects or papers in my living space that I am unlikely to need in the future.

- 1 *Strongly Agree*
- 2 *Agree*
- 3 *Agree somewhat*
- 4 *Disagree*

5 *Strongly Disagree*

19 My home is more cluttered than I would like it to be.

- 1 *Strongly Agree*
- 2 *Agree*
- 3 *Agree somewhat*
- 4 *Disagree*
- 5 *Strongly Disagree*

20 Do you have difficulty controlling your worries? For example, when you start worrying about something, do you have trouble stopping?

- 1 *Never*
- 2 *Rarely*
- 3 *Sometimes*
- 4 *Often*
- 5 *Very Often*

21 How often do you suffer from excessive worries?

- 1 *Never*
- 2 *Rarely*
- 3 *Sometimes*
- 4 *Often*
- 5 *Very Often*

22 I spend money within my means.

- 1 *Strongly Agree*
- 2 *Agree*
- 3 *Agree somewhat*
- 4 *Disagree*
- 5 *Strongly Disagree*

23 I feel self-confident enough to opt out of a situation that will cause me to spend money that I cannot properly afford to spend.

- 1 *Strongly Agree*
- 2 *Agree*
- 3 *Agree somewhat*
- 4 *Disagree*
- 5 *Strongly Disagree*

24 I inappropriately substitute the judgment of other people for that of my own.

- 1 *Strongly Agree*
- 2 *Agree*
- 3 *Agree somewhat*
- 4 *Disagree*
- 5 *Strongly Disagree*

25 I feel that my physical appearance interferes with others' ability to appreciate what I have to offer.

- 1 *Strongly Agree*
- 2 *Agree*
- 3 *Agree somewhat*
- 4 *Disagree*
- 5 *Strongly Disagree*

26 For me, problems can be opportunities for growth.

- 1 *Strongly Agree*
- 2 *Agree*
- 3 *Agree somewhat*
- 4 *Disagree*
- 5 *Strongly Disagree*

27 I sit in a relaxed, upright posture with my spine relatively straight.

- 1 *Strongly Agree*
- 2 *Agree*
- 3 *Agree somewhat*
- 4 *Disagree*
- 5 *Strongly Disagree*

28 I meditate or relax at least 10 minutes each day.

- 1 *Never*
- 2 *Rarely*
- 3 *Sometimes*
- 4 *Almost always*
- 5 *Always*

29 I am at peace with myself.

- 1 *Strongly Agree*
- 2 *Agree*
- 3 *Agree somewhat*
- 4 *Disagree*
- 5 *Strongly Disagree*

30 I take time out to manage my stress.

- 1 *Strongly Agree*
- 2 *Agree*
- 3 *Agree somewhat*
- 4 *Disagree*
- 5 *Strongly Disagree*

31 I spend 15 minutes or more searching my home for a lost object (such as keys) or lost document (such as a monthly bill).

- 1 *Never*
- 2 *Rarely*
- 3 *Sometimes*
- 4 *Often*

32 I have a detailed understanding of my monthly spending patterns.

- 1 *Strongly Agree*
- 2 *Agree*
- 3 *Agree somewhat*
- 4 *Disagree*
- 5 *Strongly Disagree*

33 I am able to use humor to keep from taking my own problems too seriously.

- 1 *Strongly Agree*
- 2 *Agree*
- 3 *Agree somewhat*
- 4 *Disagree*
- 5 *Strongly Disagree*

34 I feel confident enough to voice my opinions, even if I do not know if they will be shared by others.

- 1 *Strongly Agree*
- 2 *Agree*
- 3 *Agree somewhat*
- 4 *Disagree*
- 5 *Strongly Disagree*

35 I am challenged with determining how to improve my relationship with one or more members of my immediate family.

- 1 *Strongly Agree*
- 2 *Agree*
- 3 *Agree somewhat*
- 4 *Disagree*
- 5 *Strongly Disagree*

36 I am able to balance appropriate intimacy and boundaries within my family.

- 1 *Strongly Agree*
- 2 *Agree*
- 3 *Agree somewhat*
- 4 *Disagree*
- 5 *Strongly Disagree*

37 I feel trapped in my current situation or career.

- 1 *Strongly Agree*
- 2 *Agree*
- 3 *Agree somewhat*
- 4 *Disagree*

5 *Strongly Disagree*

38 I have a clear idea of my dream job or daily activities .

- 1 *Strongly Agree*
- 2 *Agree*
- 3 *Agree somewhat*
- 4 *Disagree*
- 5 *Strongly Disagree*

39 I feel confident that in a time of crisis there are people to whom I can turn.

- 1 *Strongly Agree*
- 2 *Agree*
- 3 *Agree somewhat*
- 4 *Disagree*
- 5 *Strongly Disagree*

40 I have trouble saying "no" to others even when I feel that a request is unreasonable.

- 1 *Always*
- 2 *Almost Always*
- 3 *Sometimes*
- 4 *Rarely*
- 5 *Never*

41 I am satisfied with the level of trust in my most important relationships.

- 1 *Strongly Agree*
- 2 *Agree*
- 3 *Agree somewhat*
- 4 *Disagree*
- 5 *Strongly Disagree*

42 I have trouble keeping long-term relationships healthy.

- 1 *Strongly Agree*
- 2 *Agree*
- 3 *Agree somewhat*
- 4 *Disagree*
- 5 *Strongly Disagree*

43 I look forward to going to work.

- 1 *Almost Always*
- 2 *Usually*
- 3 *Sometimes*
- 4 *Rarely*
- 5 *Never*
- 6 *Not Applicable*

## Wellness Office Cover Form

In the questions below, you have the opportunity, if you feel it is necessary for this client, to override certain selections that may be made by the system.

- 1 Please indicate if you want to override the assessment results if required so that the client will receive the Beginner Level Cardio CD regardless of assessment results.
  - 1 *No, use the assessment results to order a Cardio Exercise DVD for the client*
  - 2 *Yes, OVERRIDE the assessment results if required and order a Beginner Cardio Exercise DVD for the client*
  
- 2 Please indicate if you want to override the assessment results if required so that the client will NOT receive any dietary supplementation support for weight loss.
  - 1 *No, use the assessment results concerning supplement support for weight loss - DO NOT OVERRIDE assessment.*
  - 2 *Yes, OVERRIDE the assessment results if required and DO NOT ORDER any support for weight loss in the customized supplements.*

**Creating Wellness Assessment Answer Sheet**

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Center ID:

Center Name:

Member ID:

Member Name:

Visit Number: 1

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**Your Goals**

1:\_\_\_\_\_ 2:\_\_\_\_\_ 3:\_\_\_\_\_ 4:\_\_\_\_\_ 5:\_\_\_\_\_ 6:\_\_\_\_\_ 7:\_\_\_\_\_ 8:\_\_\_\_\_ 9:\_\_\_\_\_ 10:\_\_\_\_\_

11:\_\_\_\_\_ 12:\_\_\_\_\_ 13:\_\_\_\_\_

**Your Profile**

1:\_\_\_\_\_ 2:\_\_\_\_\_ 3:\_\_\_\_\_ 4:\_\_\_\_\_ 5:\_\_\_\_\_ 6:\_\_\_\_\_ 7:\_\_\_\_\_ 8:\_\_\_\_\_

**Supplements and Meal Planning Survey**

1:\_\_\_\_\_ 2:\_\_\_\_\_ 3:\_\_\_\_\_ 4:\_\_\_\_\_ 5:\_\_\_\_\_ 6:\_\_\_\_\_ 7:\_\_\_\_\_

**Physical Dimension**

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**Bio-Chemical Dimension**

1:\_\_\_\_\_ 2:\_\_\_\_\_ 3:\_\_\_\_\_ 4:\_\_\_\_\_ 5:\_\_\_\_\_ 6:\_\_\_\_\_ 7:\_\_\_\_\_ 8:\_\_\_\_\_ 9:\_\_\_\_\_ 10:\_\_\_\_\_

11:\_\_\_\_\_ 12:\_\_\_\_\_ 13:\_\_\_\_\_ 14:\_\_\_\_\_ 15:\_\_\_\_\_ 16:\_\_\_\_\_ 17:\_\_\_\_\_ 18:\_\_\_\_\_ 19:\_\_\_\_\_ 20:\_\_\_\_\_

21:\_\_\_\_\_ 22:\_\_\_\_\_ 23:\_\_\_\_\_ 24:\_\_\_\_\_ 25:\_\_\_\_\_ 26:\_\_\_\_\_ 27:\_\_\_\_\_ 28:\_\_\_\_\_ 29:\_\_\_\_\_ 30:\_\_\_\_\_

31:\_\_\_\_\_ 32:\_\_\_\_\_ 33:\_\_\_\_\_ 34:\_\_\_\_\_ 35:\_\_\_\_\_

**Psychological Dimension**

1:\_\_\_\_\_ 2:\_\_\_\_\_ 3:\_\_\_\_\_ 4:\_\_\_\_\_ 5:\_\_\_\_\_ 6:\_\_\_\_\_ 7:\_\_\_\_\_ 8:\_\_\_\_\_ 9:\_\_\_\_\_ 10:\_\_\_\_\_

11:\_\_\_\_\_ 12:\_\_\_\_\_ 13:\_\_\_\_\_ 14:\_\_\_\_\_ 15:\_\_\_\_\_ 16:\_\_\_\_\_ 17:\_\_\_\_\_ 18:\_\_\_\_\_ 19:\_\_\_\_\_ 20:\_\_\_\_\_

21:\_\_\_\_\_ 22:\_\_\_\_\_ 23:\_\_\_\_\_ 24:\_\_\_\_\_ 25:\_\_\_\_\_ 26:\_\_\_\_\_ 27:\_\_\_\_\_ 28:\_\_\_\_\_ 29:\_\_\_\_\_ 30:\_\_\_\_\_

31:\_\_\_\_\_ 32:\_\_\_\_\_ 33:\_\_\_\_\_ 34:\_\_\_\_\_ 35:\_\_\_\_\_ 36:\_\_\_\_\_ 37:\_\_\_\_\_ 38:\_\_\_\_\_ 39:\_\_\_\_\_ 40:\_\_\_\_\_

41:\_\_\_\_\_ 42:\_\_\_\_\_ 43:\_\_\_\_\_

**Wellness Center Cover Form(for center use only)**

1:\_\_\_\_\_ 2:\_\_\_\_\_