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Health and Vitality Survey

Name:

Date:

Using the following statements as indicators of health and wellness, please write down on a one to five scale, with 5 being the most/best and 1 being the least/worst. This is not intended as a thorough health diagnostic, but rather as an opportunity to reflect on factors that contribute to your optimal health.

- Score 1-5**
- I wake up with a positive 'can do' attitude most days
 - I sleep soundly and awaken feeling refreshed and ready to go
 - My level of energy is ample and balanced through out the day
 - I am able to move through daily activities and sustain energy without coffee or caffeine
 - I feel well most days – have infrequent colds/flu, and show no evidence of degenerative/autoimmune conditions
 - I easily manage life's daily stresses without excess nervous tension or upsets.
 - I digest food easily without a decline in energy after meals or gastric upset
 - I exercise on a regular basis – 2-3 times per week
 - When I exercise or do physical work, I recover quickly with no stiffness or soreness
 - I am free from discomfort from old injuries
 - I am free of food and environmental allergies/sensitivities
 - I am free from recurring discomforts – ie headaches, stomach aches, constipation, neck/back pain, skin rashes
 - I am at a comfortable body weight/size.
 - I am free from the need to use tobacco or alcohol on a regular basis
 - For woman, my monthly menstrual cycle is regular and uneventful, ie without PMS discomfort

Total **/75 females** **/70 Males**