



## Holistic Health Assessment

Answer the questions in each section below and total your score. Each response will be a number from 0 to 5. Please refer to the frequency described within the parentheses (e.g. 2 – 3 times/week) when answering questions about an *activity*; e.g. “Do you maintain a healthy diet?” However, when the question refers to an *attitude* or an *emotion* (most of the Mind and Spirit questions), e.g., “Do you have a sense of humor?” the response is more subjective, less exact, and you can refer only to the items describing the frequency, such as *often* or *daily*, but not to the numbered frequencies in parentheses.

- 0 = Never or almost never (once a year or less)
- 1 = Seldom (2 to 12 times/year)
- 2 = Occasionally (2 – 4 times/month)
- 3 = Often (2 – 3 times/week)
- 4 = Regularly (4 – 6 times/week)
- 5 = Daily (every day)

### **BODY: Physical and Environmental Health**

- \_\_\_ 1. Do you maintain a healthy diet (low fat, low sugar, fresh fruits, grains and vegetables)?
- \_\_\_ 2. Is your water intake adequate (at least ½ oz./lb. of body weight; 160 lbs. = 80 oz.) ?
- \_\_\_ 3. Are you within 20 percent of your ideal body weight?
- \_\_\_ 4. Do you feel physically attractive?
- \_\_\_ 5. Do you fall asleep easily and sleep soundly?
- \_\_\_ 6. Do you awaken in the morning feeling well-rested?
- \_\_\_ 7. Do you have more than enough energy to meet your daily responsibilities?
- \_\_\_ 8. Are your five senses acute?
- \_\_\_ 9. Do you take time to experience sensual pleasure?
- \_\_\_ 10. Do you schedule regular massage or deep-tissue body work?
- \_\_\_ 11. Does your sexual relationship feel gratifying?
- \_\_\_ 12. Do you engage in regular physical workouts lasting at least 20 minutes?
- \_\_\_ 13. Do you have good endurance or aerobic capacity?
- \_\_\_ 14. Do you breathe abdominally for at least a few minutes?
- \_\_\_ 15. Do you maintain physically challenging goals?
- \_\_\_ 16. Are you physically strong?
- \_\_\_ 17. Do you do some stretching exercises?
- \_\_\_ 18. Are you free of chronic aches, pains, ailments and diseases?
- \_\_\_ 19. Do you have regular effortless bowel movements?
- \_\_\_ 20. Do you understand the causes of your chronic physical problems?

- \_\_\_ 21. Are you free of any drug or alcohol dependency (including nicotine and caffeine)?
- \_\_\_ 22. Do you live in a healthy environment with respect to clean air, water and indoor pollution?
- \_\_\_ 23. Do you feel energized or empowered by nature?
- \_\_\_ 24. Do you feel a strong connection with and appreciation for your body, your home and your environment?
- \_\_\_ 25. Do you have an awareness of life-energy or “qi” (from Asian medicine)?

TOTAL BODY SCORE \_\_\_\_\_

**MIND: Mental and Emotional Health**

- \_\_\_ 1. Do you have specific goals in your personal and professional life?
- \_\_\_ 2. Do you have the ability to concentrate for extended periods of time?
- \_\_\_ 3. Do you use visualization or mental imagery to help you attain your goals or enhance your performance?
- \_\_\_ 4. Do you believe it is possible to change?
- \_\_\_ 5. Can you meet your financial needs and desires?
- \_\_\_ 6. Is your outlook basically optimistic?
- \_\_\_ 7. Do you give yourself more supportive messages than critical messages?
- \_\_\_ 8. Does your job utilize all of your greatest talents?
- \_\_\_ 9. Is your job enjoyable and fulfilling?
- \_\_\_ 10. Are you willing to take risks or make mistakes in order to succeed?
- \_\_\_ 11. Are you able to adjust beliefs and attitudes as a result of learning from painful experiences?
- \_\_\_ 12. Do you have a sense of humor?
- \_\_\_ 13. Do you maintain peace of mind and tranquility?
- \_\_\_ 14. Are you free from a strong need for control or the need to be right?
- \_\_\_ 15. Are you able to fully experience (feel) your painful feelings such as fear, anger, sadness, and hopelessness?
- \_\_\_ 16. Are you aware of and able to safely express fear?
- \_\_\_ 17. Are you aware of and able to safely express anger?
- \_\_\_ 18. Are you aware of and able to safely express sadness or cry?
- \_\_\_ 19. Are you accepting of all your feelings?
- \_\_\_ 20. Do you engage in meditation, contemplation, or psychotherapy to better understand your feelings?
- \_\_\_ 21. Is your sleep free from disturbing dreams?
- \_\_\_ 22. Do you explore the symbolism and emotional content of your dreams?
- \_\_\_ 23. Do you take the time to let down and relax, or make time for activities that constitute the abandon or absorption of play?
- \_\_\_ 24. Do you experience feelings of exhilaration?
- \_\_\_ 25. Do you enjoy high self-esteem?

TOTAL MIND/EMOTIONS SCORE \_\_\_\_\_

**SPIRIT: Spiritual and Social Health**

- \_\_\_ 1. Do you actively commit time to your spiritual life?
- \_\_\_ 2. Do you take time for prayer, meditation, or reflection?
- \_\_\_ 3. Do you listen to your intuition?
- \_\_\_ 4. Are creative activities a part of your work or leisure time?
- \_\_\_ 5. Do you take risks or exceed previous limits?
- \_\_\_ 6. Do you have faith in a God, spirit guides, or angels?
- \_\_\_ 7. Are you free from anger toward God or your higher power?
- \_\_\_ 8. Are you grateful for the blessings in your life?
- \_\_\_ 9. Do you take walks, garden, or have contact with nature?
- \_\_\_ 10. Are you able to let go of your attachment to specific outcomes and embrace uncertainty?
- \_\_\_ 11. Do you observe a day of rest completely away from work, dedicated to nurturing yourself and your family?
- \_\_\_ 12. Can you let go of self-interest in deciding the best course of action for a given situation?
- \_\_\_ 13. Do you feel a sense of purpose?
- \_\_\_ 14. Do you make time to connect with young children, either your own or someone else's?
- \_\_\_ 15. Are playfulness and humor important to you in your daily life?
- \_\_\_ 16. Do you have the ability to forgive yourself and others?
- \_\_\_ 17. Have you demonstrated the willingness to commit to a marriage or compatible long-term relationship?
- \_\_\_ 18. Do you experience intimacy, besides sex, in your committed relationships?
- \_\_\_ 19. Do you confide in or speak openly with one or more close friends?
- \_\_\_ 20. Do you or did you feel close to your parents?
- \_\_\_ 21. If you have experienced the loss of a loved one, have you fully grieved that loss?
- \_\_\_ 22. Has your experience of pain enabled you to grow spiritually?
- \_\_\_ 23. Do you go out of your way or give time to help others?
- \_\_\_ 24. Do you feel a sense of belonging to a group or community?
- \_\_\_ 25. Do you experience unconditional love?

TOTAL SPIRIT SCORE \_\_\_\_\_

**TOTAL BODY, MIND, SPIRIT SCORE** \_\_\_\_\_

**HEALTH SCALE**

- 325 – 375 Optimal Health
- 275 – 324 Excellent Health

225 – 274 Good Health  
175 – 224 Fair Health  
125 – 174 Below Average Health  
75 – 124 Poor Health  
0 – 74 Extremely Poor Health = Surviving

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