



Mind-Body Wellness Questionnaire

Name: _____

Date: _____

The purpose of this questionnaire is to help understand the potential link between physical and emotional health. It serves to help the facilitator in determining what changes can be made to your diet and behavior to improve overall wellbeing.

SECTION 1

- I have soft, cracked, or brittle nails
- I have dry, itchy, scaling, or flaking skin
- I have hard earwax.
- I have 'chicken skin' (tiny bumps on the backs of arms or on the trunk).
- I have dandruff.
- I feel aching or stiffness in my joints.
- I am thirsty most of the time.
- I am constipated (have fewer than two bowel movements a day).
- I have light-colored, hard, and/or foul-smelling stools.
- I have poor mood, difficulty paying attention, and/or memory loss.
- I have high blood pressure.
- I have fibrocystic breasts.
- I have premenstrual syndrome.
- I have a family history of high LDL cholesterol, low HDL levels, and high triglycerides.
- I am of North Atlantic genetic background (Irish, Scottish, Welsh, Scandinavian, or coastal Native American)

Total boxes checked: _____/15

SECTION 2

- I feel down a lot and don't have the energy or desire to do anything.
- I am a low-energy kind of person, mentally or physically.
- I struggle to get motivated to exercise.
- I have trouble concentrating or focusing on things.
- I tend to sleep a lot or have trouble waking up.
- I use substances to "wake up," such as caffeine, chocolate, diet pills, or even cocaine

Total boxes checked: _____/6

SECTION 3

- My head is full of ANTs (automatic negative thoughts).
- I am a glass-half-empty person.
- I have low self-esteem and low self-confidence.
- I tend to have obsessive thoughts and behaviors (such as being a perfectionist or neat freak).
- I get the winter blues or have a family history of SAD (seasonal affective disorder).
- I tend to be irritable, easily angered, and/or impatient.
- I am shy and afraid of going out or have a fear of heights, crowds, flying, and/ or speaking in public.
- I feel anxious or have panic attacks.
- I have PMS (premenstrual syndrome) with moodiness, cravings, breast tenderness, and bloating before my period.
- I have trouble falling asleep.
- I wake up in the middle of the night and have trouble getting back to sleep, or wake up too early in the morning.
- I crave sweets or starchy carbs like bread and pasta.
- I feel better when I exercise.
- I have muscle aches, and/or jaw pain, and/or a family history of fibromyalgia.
- I have a family history of treatment with SSRIs (serotonin boosting antidepressants)

Total boxes checked: _____/15

SECTION 4

- I find myself writing things down so I won't forget them.
- I find it hard to do math in my head.
- I have a hard time finding words or remembering what I was saying if interrupted during a conversation.
- I get nervous or anxious when I have to learn something new, like new software at work.
- When reading a book or watching a movie, I find it harder to follow the plot than it used to be.
- I misplace my keys, wallet, or glasses frequently.
- I have trouble focusing during long conversations or meetings.
- I feel like my brain is just not functioning at its peak.

Total boxes checked: _____/8

SECTION 5

- I eat animal protein (meat, dairy, cheese, eggs) more than 5 times a week
- I eat more than 1–2 food(s) per week with hydrogenated fats
- I have servings of animal protein greater than 6 ounces (the size of your palm) per meal.
- I eat less than 1 cup of dark-green leafy vegetables a day.
- I eat fewer than 5–9 servings (1/2 cup = 1 serving) of fruits and veggies a day.
- I have more than 3 alcoholic drinks a week.
- I am often in a bad mood.
- I have a history of a heart attack or other heart disease.
- I have a history of stroke.
- I have a history of cancer (especially colon, cervix, breast).
- I have a history of abnormal PAP test (cervical dysplasia).
- I have a history of birth defects in offspring (neural tube defects or Down syndrome).
- I have a history of dementia.
- I have a loss of balance or sensation in feet.
- I have a history of multiple sclerosis or other diseases with nerve damage.
- I have a history of carpal tunnel syndrome.
- I do not take multivitamins.
- I am over 65-years old.

Total boxes checked: _____/18

SECTION 6

- I have a family history of seasonal affective disorder (SAD) or the winter blues.
- I have experienced a loss of mental sharpness or memory.
- I have sore or weak muscles.
- I have tender bones (press on your shin bone to see if it hurts,).
- I work indoors.
- I avoid the sun.
- I wear sunblock most of the time.
- I live north of Florida.
- I don't eat small, fatty fish such as mackerel, herring, or sardines (the main source of dietary vitamin D).
- I have a family history of osteoporosis.
- I have broken more than 2 bones or had a hip fracture.
- I have a family history of autoimmune disease (such as multiple sclerosis).
- I have osteoarthritis (vitamin D deficiency weakens bones and leads to deterioration).
- I have frequent infections.
- I have a family history of prostate cancer.
- I have dark skin (any race other than Caucasian).
- I am 60 years old or older.

Total boxes checked: _____/17

SECTION 7

- I am often in a bad mood.
- I feel irritable.
- I have difficulty focusing.
- I have a family history of autism.
- I am anxious.
- I have trouble falling and/or staying asleep.
- I have muscle twitching.
- I have premenstrual syndrome.
- I have leg or hand cramps.
- I have restless leg syndrome.
- I have heart flutters, skipped beats, or palpitations.
- I get frequent headaches or migraines.
- I have trouble swallowing.
- I have acid reflux.
- I am sensitive to loud noises.
- I feel fatigued.
- I have a family history of asthma.
- I have constipation (fewer than two bowel movements a day).
- I have excess stress.
- I have kidney stones
- I have a family history of heart disease or heart failure.
- I have a family history of mitral valve prolapse.
- I have a family history of diabetes.
- I have a low intake of kelp, wheat bran/germ, almonds, cashews, buckwheat, or dark-green leafy vegetable

Total boxes checked: _____/24

SECTION 8

- I have impaired taste.
- I have impaired smell.
- I have weak nails (thin, brittle, peeling).
- I have white spots on my nails.
- I have frequent colds or respiratory infections.
- I have diarrhea.
- I have eczema or other skin rashes.
- I have acne.
- My wounds heal poorly.
- I have allergies.
- I am losing my hair.
- I have dandruff.
- I have a family history of erectile dysfunction.
- I have an enlarged or inflamed prostate.
- I have a family history of inflammatory bowel disease (ulcerative colitis, Crohn's disease).
- I have a family history of rheumatoid arthritis.
- I consume hard water (which depletes zinc).
- I consume more than 3 alcoholic beverages per week.
- I sweat excessively

Total boxes checked: _____ /19

Additional Notes

Made by the client

Made by the psychologist

Overview

Part 1 (Fatty Acids): _____/15

Part 2 (Dopamine): _____/6

Part 3 (Serotonin): _____/15

Part 4 (GABA): _____/8

Part 5 (Acetylcholine): _____/8

Part 6 (Methylation): _____/18

Part 7 (Vitamin D): _____/17

Part 8 (Magnesium): _____/24

Part 9 (Zinc): _____/19

Recommendations
