

“How Are You Doing?”

Monthly Health Questionnaire

Name: _____

E-mail or Phone: _____

Date: _____

Using the following statements as indicators of health and wellness, please rate yourself on each one 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 periodically reflect on what progress you are making toward optimal health. Unless asked, we often do not recognize symptoms are gradually improving or are even resolved. So . . . “How are you doing?”

1. My energy level is good. _____
2. My mood is stable with little irritability, depression or anxiety. _____
3. I sleep soundly and awaken refreshed and ready to go. _____
4. My immunity (resistance to infection) is good. _____
5. I have little craving for sweets, fatty foods or “junk food”. _____
6. I have little or no craving for sodas, coffee or alcohol. _____
7. I have less craving for nicotine. _____
8. I am having little or no headache problems. _____
9. I have little or no body aching or joint pains. _____
10. I have no heartburn, indigestion or bloating. _____
11. I am having little or no diarrhea or constipation. _____
12. I am having daily (___) bowel movements. _____
13. My appetite is controlled—I require less food to be “satisfied”. _____
14. My clothes are fitting looser and I am slimming. _____
15. Others are commenting that I look different or better. _____
16. I have little or no allergy problems. _____
17. Improved energy has resulted in more activity. _____
18. My vision is improved. _____
19. After activity or eating, I have no low blood sugar attacks. _____

Answer the following questions with a yes, no or NA (non-applicable):

1. If diabetic, are your blood sugars improving? _____
2. If you have high blood pressure, are your pressures declining? _____
3. If you have high cholesterol, have you had any new tests? _____
4. If overweight, are you losing inches? _____
5. If you have hypoglycemia, is it better controlled? _____
6. If you have heart palpitations, is it better controlled? _____
7. If a male, are you noting less prostate problems? _____
8. If a female, are you having PMS or menstrual problems? _____
9. If a female, are you having fewer menopausal symptoms? _____
10. If you have a memory problem, is it improving? _____
11. If you have a chronic illness (_____), is it improving? _____

Let us know how you are doing. We would like to hear from you!
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