**[Holistic Health Assessment](https://bhls.wordpress.com/2011/05/05/holistic-health-assessment-by-holisticboard-org/) **

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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