

Bodysmart Wellness Survey

Client Name: _____

Date: _____

Physical Activity

Many people are aware that regular physical activity is associated with health and wellness benefits. How do you rate your satisfaction as to your physical activity?

	Dissatisfied		Neutral		Satisfied	
	1	2	3	4	5	
Appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the type and duration of activity in which you are engaged.

	Duration (minutes)	Times Per Week	Comments
<input type="checkbox"/> Gym Workout	_____	_____	_____
<input type="checkbox"/> Running/Jogging	_____	_____	_____
<input type="checkbox"/> Walking	_____	_____	_____
<input type="checkbox"/> Biking	_____	_____	_____
<input type="checkbox"/> Dancing	_____	_____	_____
<input type="checkbox"/> Basketball/Volleyball	_____	_____	_____
<input type="checkbox"/> Calisthenics - Home	_____	_____	_____
<input type="checkbox"/> Stretching - Home	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____

Comments or discussion notes:

General Health

Often people are concerned that their long-term health and wellness could be adversely affected because of genetics or precursors. How do you rate your **concern** about the following issues?

	Not Concerned		Neutral		Concerned	
	1	2	3	4	5	
Blood Sugar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Back Pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Osteoarthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rheumatoid arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Balance/Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bone Strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tone & Strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

How do you rate your overall health?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor Health		Neutral		Excellent Health

Comments or discussion notes:

Anti-Wellness Habits

Many people have habits that they feel might detract from their general wellness. Please rate your **concern** about some habits that are quite typical.

	Not Concerned		Neutral		Concerned	
	1	2	3	4	5	
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caffeine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soft Drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tranquilizers, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments or discussion notes:
