

Wellness Questionnaire

To better understand your current health and wellness practices and goals, please take a moment to provide the following information. Thank you!

Name: _____

Date: _____

I incorporate:	Never/ Almost Never	Sometimes	Often	Always/ Almost Always	Notes:
Healthy quantities of nutritious foods					
Movement, physical activity, and/or exercise					
Practices for healthy stress management					
Development of supportive relationships					
Activities that bring meaning or purpose to my life					

If you are interested in making any changes to your wellness-related behaviors, please tell us more in the space below. We'd love to partner with you and be a support in your process!
