



Health Satisfaction assessment

Name: _____ Date: _____

Email address: _____

Please answer the questions on a scale of 1 to 10, 1 representing that you don't agree with the statement and 10 representing that there is no doubt in your mind or heart that you agree with the statement.

Physical Health:

I am a physically fit person and formally exercise on a regular basis. 1 2 3 4 5 6 7 8 9 10

I have a physically attractive body that I am proud to look at in the mirror. 1 2 3 4 5 6 7 8 9 10

I have not had any traumas in my life (auto accident, broken bones, bad falls). 1 2 3 4 5 6 7 8 9 10

I get at least 7 hours of sleep a night, 7 days a week. 1 2 3 4 5 6 7 8 9 10

I have received regular Chiropractic care within the past 5 years. 1 2 3 4 5 6 7 8 9 10

Total: _____

Emotional Health:

I am a calm, peaceful person. I can shut my mind off and focus my mind at will. 1 2 3 4 5 6 7 8 9 10

I can practice some form of mental relaxation (meditation, yoga, breathing exercises, prayer, etc.) on a regular basis. 1 2 3 4 5 6 7 8 9 10

Most of the time, I am truly happy and feel some sense of purpose in my life. 1 2 3 4 5 6 7 8 9 10

I have healthy relationships and a rich social network of friends and activities. 1 2 3 4 5 6 7 8 9 10

I am organised, have time for myself, and can prioritize the important tasks in my life. 1 2 3 4 5 6 7 8 9 10

Total: _____

Chemical / Nutritional Health:

I eat 4 – 6 small meals daily and properly combine my protein, carbs and fats. 1 2 3 4 5 6 7 8 9 10

I supplement everyday with good supplements such as vitamin/ mineral complex, antioxidants and good fatty acids (fish oil, flax seeds etc). 1 2 3 4 5 6 7 8 9 10

I do not take medications for chronic medical problems such as digestive disorders, cardiovascular problems, headaches, chronic pain, blood sugar problems, chronic fatigue, immune problems or chronic infections, or any other chronic conditions. 1 2 3 4 5 6 7 8 9 10

I do not smoke cigarettes. 1 2 3 4 5 6 7 8 9 10

I drink water as my primary beverage and consume at least 2 litres a day. 1 2 3 4 5 6 7 8 9 10

TOTAL: _____

Total of all 3 (Physical, Emotional and Chemical) sections: _____