

Sanctuary for Heart Magic

WELLNESS QUESTIONNAIRE

Name _____ Date _____

Rate the following on scale of 0 to 10.

- | | | | |
|-------------------|-------------------|---------------------|-------------------|
| 0=0% of the time | 1=10% of the time | 2=20% of the time | 3=30% of the time |
| 4=40% of the time | 5=50% of the time | 6=60% of the time | 7=70% of the time |
| 8=80% of the time | 9=90% of the time | 10=100% of the time | |

Physical state/structure:

How frequently....	
1. ...do you feel areas of ease within your body?	0 1 2 3 4 5 6 7 8 9 10
2. ... are you able to shift tension in your body when it arises?	0 1 2 3 4 5 6 7 8 9 10
3. ...do you experience flexibility within your body?	0 1 2 3 4 5 6 7 8 9 10
4. ... does your breathing feel effortless and full?	0 1 2 3 4 5 6 7 8 9 10
5. ... do you feel physically able to engage in your meaningful activities?	0 1 2 3 4 5 6 7 8 9 10
6. ... do you wake up feeling rested and ready to start your day?	0 1 2 3 4 5 6 7 8 9 10
7. ... do you feel like you are in a high energy state?	0 1 2 3 4 5 6 7 8 9 10
8. ... do you feel your body is functioning well?	0 1 2 3 4 5 6 7 8 9 10
9. ...do you experience a sense of love and warmth within your body?	0 1 2 3 4 5 6 7 8 9 10
10. ...do you experience an expansiveness within and around your body?	0 1 2 3 4 5 6 7 8 9 10

Emotional-Mental state/perception:

How frequently....	
1.are you able to stay present with your feelings when they arise?	0 1 2 3 4 5 6 7 8 9 10
2. ... are you able to use your emotions to make a change in your life for the better?	0 1 2 3 4 5 6 7 8 9 10

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3. ... are you aware of your thoughts?	0 1 2 3 4 5 6 7 8 9 10
4. ...do you focus on what is working well in your life?	0 1 2 3 4 5 6 7 8 9 10
5. ...do you feel confident in yourself and your abilities?	0 1 2 3 4 5 6 7 8 9 10
6. ...do you feel like you are making progress and moving forward?	0 1 2 3 4 5 6 7 8 9 10
7. ...do you feel worthy and lovable?	0 1 2 3 4 5 6 7 8 9 10
8.do see your gifts and the gifts of others?	0 1 2 3 4 5 6 7 8 9 10
9.are you grateful for your life?	0 1 2 3 4 5 6 7 8 9 10
10. ... are you happy with the contribution that your presence makes?	0 1 2 3 4 5 6 7 8 9 10

Behavioral state:

How frequently....	
1.do you stop what you are doing and listen to your body when it hurts?	0 1 2 3 4 5 6 7 8 9 10
2. ...do you engage in a physical activity program that feels satisfying to you?	0 1 2 3 4 5 6 7 8 9 10
3. ...do you feel you are making healthy, vibrant food choices?	0 1 2 3 4 5 6 7 8 9 10
4. ...do you use pain in your life/body as fuel to transform yourself in some way?	0 1 2 3 4 5 6 7 8 9 10
5. ...do you speak your voice even when what you have to say is uncomfortable?	0 1 2 3 4 5 6 7 8 9 10
6.do you make choices based on what you really want and not what you think you're supposed to or should do?	0 1 2 3 4 5 6 7 8 9 10
7.do you allow yourself to feel uncomfortable in order to better understand and love yourself?	0 1 2 3 4 5 6 7 8 9 10
8. ...do you engage in activities that nurture and support you?	0 1 2 3 4 5 6 7 8 9 10

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9. ...do you contribute to community activities because they bring you joy?	0 1 2 3 4 5 6 7 8 9 10
10. ...do you make congruent choices that are in alignment with the highest version of yourself?	0 1 2 3 4 5 6 7 8 9 10

Spiritual state:

How frequently....	
1. ...do you feel guided by your inner voice or inner knowing?	0 1 2 3 4 5 6 7 8 9 10
2. ...do you feel a sense of overall well-being?	0 1 2 3 4 5 6 7 8 9 10
3. ...do you feel connected to yourself?	0 1 2 3 4 5 6 7 8 9 10
4. ...do you feel connected to the people you love?	0 1 2 3 4 5 6 7 8 9 10
5. ...do you feel connected to the communities that you belong too?	0 1 2 3 4 5 6 7 8 9 10
6. ...do you feel a sense of compassion and love for others?	0 1 2 3 4 5 6 7 8 9 10
7. ...do you feel positive feelings and love for yourself?	0 1 2 3 4 5 6 7 8 9 10
8. ...do you feel purposeful in your life?	0 1 2 3 4 5 6 7 8 9 10
9. ...do you feel you are a source of love and light?	0 1 2 3 4 5 6 7 8 9 10
10. ...do you feel a sense of oneness with all of life?	0 1 2 3 4 5 6 7 8 9 10

Overall life enjoyment:

How frequently....	
1. ...do you feel happy about your work/career?	0 1 2 3 4 5 6 7 8 9 10
2. ...are you satisfied with the location of the place you live?	0 1 2 3 4 5 6 7 8 9 10
3. ...do you feel happy about your relationships with friends?	0 1 2 3 4 5 6 7 8 9 10

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4. ...do you feel happy about your relationship with significant others?	0 1 2 3 4 5 6 7 8 9 10
5. ...do you feel happy about your sex life?	0 1 2 3 4 5 6 7 8 9 10
6. ...do you feel that you are able to manage conflict in your life with ease?	0 1 2 3 4 5 6 7 8 9 10
7. ...do you feel accepting of life challenges?	0 1 2 3 4 5 6 7 8 9 10
8. ...are you able to feel when things are not congruent in your life?	0 1 2 3 4 5 6 7 8 9 10
9. ...do you devote time in your life to things that you enjoy?	0 1 2 3 4 5 6 7 8 9 10
10. ...are you satisfied with what you are accomplishing in your life?	0 1 2 3 4 5 6 7 8 9 10

Signature: _____ Date: _____