

Wellness Assessment Questionares

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1. METABOLIC HEALTH – 30 QUESTIONS

A. Energy & Blood Sugar Patterns

How would you describe your energy throughout a typical day?

Do you experience an afternoon energy slump?

How often do you feel hungry soon after eating?

How often do you experience strong cravings for sweets or refined carbohydrates?

Do you notice changes in your energy or mood when you go too long without eating?

How satisfied are you with your current relationship with food?

Do you tend to eat when you're stressed, bored, tired, or emotionally overwhelmed?

How consistent are your meal times from day to day?

How often do you eat while distracted by your phone, television, work, or other activities?

What does a typical day's eating pattern look like for you?

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B. Nutrition

How often do you eat vegetables?

How often do you eat fruit?

How often do you eat beans, lentils, nuts, seeds, or whole grains?

How often do you eat highly processed foods?

How often do you drink sugar-sweetened beverages?

How often do you eat away from home?

How often do you read nutrition labels or ingredient lists?

How confident are you in creating a balanced meal?

What makes healthy eating difficult for you?

What healthy food or meal do you genuinely enjoy?

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C. Movement & Metabolic Fitness

How many days per week do you intentionally move your body?

What types of physical activity do you enjoy?

How much time do you spend sitting during a typical day?

Do you currently do resistance or strength training?

How would you describe your physical stamina?

What prevents you from being as physically active as you would like?

What type of movement would you actually look forward to doing?

D. Metabolic Risk & Lifestyle

Have you ever been told that you have prediabetes, diabetes, high blood pressure, high cholesterol, or another metabolic condition?

Do you know your most recent A1C, fasting glucose, blood pressure, or cholesterol numbers?

If you could improve ONE aspect of your metabolic health over the next 90 days, what would it be?

“Tell me why that particular change matters to you.”

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2. BRAIN HEALTH & COGNITIVE WELLNESS – 30 QUESTION

A. Mental Energy & Focus

How would you describe your mental energy most days?

How easy is it for you to concentrate?

Do you experience periods when your mind feels “foggy”?

When during the day do you feel mentally sharpest?

What situations make it harder for you to concentrate?

How often do you feel mentally overwhelmed?

How satisfied are you with your ability to manage competing demands?

What activities make you feel mentally energized?

How often do you learn something new?

What would you like to be able to continue doing mentally as you get older?

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B. Sleep & Recovery

Approximately how many hours do you sleep on an average night?

How refreshed do you feel when you wake?

How consistent is your sleep schedule?

Do you have difficulty falling asleep?

Do you wake frequently during the night?

Do you experience significant daytime sleepiness?

What tends to interfere with your sleep?

How would you rate your overall sleep quality?

What does your evening routine look like?

What is one thing you wish you could change about your sleep?

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C. Stress & Emotional Brain Health

What is your current level of daily stress?

What are the biggest sources of stress in your life?

How do you typically respond when you feel overwhelmed?

How quickly do you recover after a stressful event?

What helps you calm your mind?

How often do you make time for activities that bring you joy?

How connected do you feel to the people around you?

How often do you participate in meaningful social interaction?

What gives you a sense of purpose?

If you could improve one area of your brain and emotional wellness, what would you choose?

“Why would that change matter to you?”

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3. WHOLE-PERSON WELLNESS – 30 QUESTIONS

A. Whole-Person Health

How would you rate your overall well-being today?

What part of your health are you most satisfied with?

What part of your health concerns you most?

What gives you energy?

What drains your energy?

What does “being healthy” mean to you?

What does healthy aging mean to you?

What would you like your health to allow you to do five or ten years from now?

What health habit are you most proud of?

What health habit would you most like to change?

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B. Stress & Resilience

What are the biggest demands on you right now?

How do you respond when life doesn't go according to plan?

How well do you recover from stressful situations?

What helps you keep going during difficult times?

What personal strengths have helped you overcome challenges?

How often do you make time for yourself?

What gets in the way of taking care of yourself?

How comfortable are you asking for help?

Who supports you when life becomes difficult?

What would feeling more resilient look like in your everyday life?

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C. Lifestyle & Environment

How satisfied are you with your current work-life balance?

How supportive is your home environment of your health goals?

How much time do you spend outdoors?

How connected do you feel to your community?

How satisfied are you with your relationships?

What environmental or lifestyle factor makes healthy habits difficult?

What is one change you could make to your environment that would make healthy choices easier?

D. Motivation & Transformation

How important is changing your health right now, from 0–10?

How confident are you that you can make a meaningful change, from 0–10?

If nothing changed over the next year, what would concern you most?

“If things DID change over the next year, what would your life look like?”