The ABIHM Holistic Health and Wellness Questionnaire
For candidate information and feedback only
Not to be returned as part of the application

Answer the questions in each section below and total your score. Each response will be a number from 0 to 5. Please refer to the frequency described within the parentheses (e.g., "2 to 3x/wk") when answering questions about an activity; e.g., “Do you maintain a healthy diet?” However, when the question refers to an attitude or an emotion (most of the Mind and Spirit questions), e.g., “Do you have a sense of humor?” the response is more subjective, less exact, and you can refer only to the items describing the frequency, such as often or daily, but not to the numbered frequencies in parentheses.

0 = Never or almost never (once a year or less)
1 = Seldom (2 to 12 times/year)
2 = Occasionally (2 - 4 times/month)
3 = Often (2 - 3 times/week)
4 = Regularly (4 - 6 times/week)
5 = Daily (every day)

BODY: Physical and Environmental Health

1. Do you maintain a healthy diet (low fat, low sugar, fresh fruits, grains and vegetables)?
2. Is your water intake adequate (at least 1/2 oz/lb of body weight; 160 lbs. = 80 oz.)?
3. Are you within 20 percent of your ideal body weight?
4. Do you feel physically attractive?
5. Do you fall asleep easily and sleep soundly?
6. Do you awaken in the morning feeling well rested?
7. Do you have more than enough energy to meet your daily responsibilities?
8. Are your five senses acute?
9. Do you take time to experience sensual pleasure?
10. Do you schedule regular massage or deep-tissue body work?
11. Does your sexual relationship feel gratifying?
12. Do you engage in regular physical workouts lasting at least 20 minutes?
13. Do you have good endurance or aerobic capacity?
14. Do you breathe abdominally for at least a few minutes?
15. Do you maintain physically challenging goals?
16. Are you physically strong?
17. Do you do some stretching exercises?
18. Are you free of chronic aches, pains, ailments and diseases?
19. Do you have regular effortless bowel movements?
20. Do you understand the causes of your chronic physical problems?
21. Are you free of any drug or alcohol dependency (including nicotine and caffeine)?
22. Do you live in a healthy environment with respect to clean air, water and indoor pollution?
23. Do you feel energized or empowered by nature?
24. Do you feel a strong connection with and appreciation for your body, your home and your environment?
25. Do you have an awareness of life-energy or qi?

TOTAL BODY SCORE  __________
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MIND: Mental and Emotional Health
____ 1. Do you have specific goals in your personal and professional life?
____ 2. Do you have the ability to concentrate for extended periods of time?
____ 3. Do you use visualization or mental imagery to help you attain your goals or enhance your performance?
____ 4. Do you believe it is possible to change?
____ 5. Can you meet your financial needs and desires?
____ 6. Is your outlook basically optimistic?
____ 7. Do you give yourself more supportive messages than critical messages?
____ 8. Does your job utilize all of your greatest talents?
____ 9. Is your job enjoyable and fulfilling?
____ 10. Are you willing to take risks or make mistakes in order to succeed?
____ 11. Are you able to adjust beliefs and attitudes as a result of learning from painful experiences?
____ 12. Do you have a sense of humor?
____ 13. Do you maintain peace of mind and tranquility?
____ 14. Are you free from a strong need for control or the need to be right?
____ 15. Are you able to fully experience (feel) your painful feelings such as fear, anger, sadness, and hopelessness?
____ 16. Are you aware of and able to safely express fear?
____ 17. Are you aware of and able to safely express anger?
____ 18. Are you aware of and able to safely express sadness or cry?
____ 19. Are you accepting of all your feelings?
____ 20. Do you engage in meditation, contemplation, or psychotherapy to better understand your feelings?
____ 21. Is your sleep free from disturbing dreams?
____ 22. Do you explore the symbolism and emotional content of your dreams?
____ 23. Do you take the time to let down and relax, or make time for activities that constitute the abandon or absorption of play?
____ 24. Do you experience feelings of exhilaration?
____ 25. Do you enjoy high self-esteem?

TOTAL MIND/EMOTIONS SCORE  ___________
SPIRIT: Spiritual and Social Health

1. Do you actively commit time to your spiritual life?
2. Do you take time for prayer, meditation, or reflection?
3. Do you listen to your intuition?
4. Are creative activities a part of your work or leisure time?
5. Do you take risks or exceed previous limits?
6. Do you have faith in a God, spirit guides, or angels?
7. Are you free from anger toward God?
8. Are you grateful for the blessings in your life?
9. Do you take walks, garden, or have contact with nature?
10. Are you able to let go of your attachment to specific outcomes and embrace uncertainty?
11. Do you observe a day of rest completely away from work, dedicated to nurturing yourself and your family?
12. Can you let go of self-interest in deciding the best course of action for a given situation?
13. Do you feel a sense of purpose?
14. Do you make time to connect with young children, either your own or someone else’s?
15. Are playfulness and humor important to you in your daily life?
16. Do you have the ability to forgive yourself and others?
17. Have you demonstrated willingness to commit to a marriage or compatible long-term relationship?
18. Do you experience intimacy, besides sex, in your committed relationships?
19. Do you confide in or speak openly with one or more close friends?
20. Do you or did you feel close to your parents?
21. If you have experienced the loss of a loved one, have you fully grieved that loss?
22. Has your experience of pain enabled you to grow spiritually?
23. Do you go out of your way or give time to help others?
24. Do you feel a sense of belonging to a group or community?
25. Do you experience unconditional love?

TOTAL SPIRIT SCORE

Add up all your scores to find your Total Body, Mind, Spirit Score

HEALTH SCALE

<table>
<thead>
<tr>
<th>Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>325 – 375</td>
<td>Optimal Health</td>
</tr>
<tr>
<td>275 – 324</td>
<td>Excellent Health</td>
</tr>
<tr>
<td>225 – 274</td>
<td>Good Health</td>
</tr>
<tr>
<td>175 – 224</td>
<td>Fair Health</td>
</tr>
<tr>
<td>125 – 174</td>
<td>Below Average Health</td>
</tr>
<tr>
<td>75 – 124</td>
<td>Poor Health</td>
</tr>
<tr>
<td>0 – 74</td>
<td>Extremely Poor Health = Surviving</td>
</tr>
</tbody>
</table>