

## HEALTH SELFIE

# The Physical Stuff

### Energy level

SCALE OF 1 TO 5 • (1 IS POOR, 5 IS FULLY ENERGIZED)

MORNING:	1	2	3	4	5
AFTERNOON:	1	2	3	4	5
EVENING:	1	2	3	4	5

Do you have enough energy to complete all your daily activities or do you feel overwhelmed?

I'VE GOT PLENTY OF ENERGY

OVERWHELMED

IT DEPENDS ON THE DAY

### Sleep

Do you fall asleep easily, or toss and turn for a while?

FALLING ASLEEP IS EASY PEASY

IT TAKES ME FOREVER

IT CHANGES

How is the quality of your sleep? Scale of 1 to 5 (1 is poor, 5 is deep and restful)

1 2 3 4 5

How many hours do you sleep? \_\_ During the week? \_\_ On the weekend? \_\_

### Digestion

How often do you experience heartburn?

OFTEN, IT'S AN ISSUE

SOMETIMES

RARELY

Bad gas?

OFTEN, IT'S EMBARRASSING

HERE AND THERE

RARELY

Digestive pain?

OUCH! AFTER EVERY MEAL

SOMETIMES

RARELY

Constipation?

I AM REGULARLY IRREGULAR

SOMETIMES

RARELY

Diarrhea?

I'M A LOOSE CANNON

SOMETIMES

RARELY

<i>Elimination</i>			
<i>How often do you have bowel movements?</i>			
MORE THAN ONCE A DAY	DAILY	EVERY OTHER DAY	I HAVE NO IDEA
<i>Are your bowel movements fast and easy or slow and difficult?</i>			
FAST AND EASY	SLOW AND DIFFICULT	DEPENDS ON THE DAY	
<i>What is the quality of your poop?</i>			
LOOSE	LONG BANANAS	SMALL, HARD BALLS	
<i>Possible alarm bells</i>			
<i>Do you ever get headaches?</i>			
VERY RARELY	SOMETIMES	OFTEN	
<i>Any skin conditions?</i>			
YES		NO	
<i>If so, what and where on your body?</i>			
<i>Any aches and pains?</i>			
		YES	NO
<i>If so, where and how often?</i>			
<i>Do you get menstrual cramps?</i>			
		YES	NO
IF SO, ARE THEY . . .			
SEVERE	MODERATE	MILD	
<i>Are they so bad that you take medication for them?</i>			
YES		NO	
<i>Do you experience noticeable PMS?</i>			
YES		NO	
<i>If so, how many days before your period does it start?</i>			
<i>What are the symptoms of your PMS?</i>			
<i>What is your current weight?</i>			
<i>What kinds of exercise do you engage in?</i>			
<i>How often?</i>			
<i>Do you enjoy it?</i>			
YES		NO	
<i>Your food life</i>			
<i>What is your current diet composed of?</i>			
AVERAGE BREAKFAST:			
AVERAGE LUNCH:			
AVERAGE DINNER:			
AVERAGE SNACK:			
<i>If you don't have consistent meals, describe your food routine:</i>			

<i>How do you eat?</i>			
SITTING, WITH MUSIC AND A CANDLE	SITTING, WATCHING TV OR CHECKING EMAIL	STANDING, IN THE CAR, OR ON THE RUN	
<i>How many times would you estimate you chew an average mouthful of food?</i>			
LESS THAN 5 CHEWS/CHOMPS	5-20 CHEWS/CHOMPS	20-50 CHEWS/CHOMPS	
<i>Favorite foods</i>			
<i>Name a food you feel you can't live without:</i>			
<i>Name a food (or food group) you really DON'T want to try:</i>			
<i>Name a food (or food group) you're curious about trying:</i>			
<i>How often do you cook for yourself?</i>			
DAILY	1-5 TIMES/WEEK	A FEW TIMES A MONTH	NEVER
<i>How do you feel about cooking:</i>	IT'S MY PASSION	I'M OPEN TO EXPLORING	I HATE IT
<i>Do you have a buddy you could cook with?</i>			
YES	NO		
<i>If so, who?</i>			
<i>The emotional stuff</i>			
<i>How often do you feel anxiety?</i>			
ALMOST ALL OF THE TIME	OFTEN	ONLY UNDER UNUSUAL STRESS	RARELY
<i>How often do you cry?</i>			
DAILY	WEEKLY	ONLY WHEN SOMETHING REALLY SAD IS HAPPENING	NEVER
<i>How often do you lose your temper?</i>			
DAILY	WEEKLY	ONLY WHEN SOMEONE GETS IN MY FACE	NEVER
<i>Does your day feel like a blur or do you have some moments of inner peace?</i>			
BLUR!!!	BIT OF BOTH		I'M A BUDDHA
<i>How do you feel about your relationships? With your significant other:</i>			
I FOUND MY SOULMATE	I CHOSE WELL	WE NEED WORK	HE/SHE DRIVES ME NUTS
<i>With your kids:</i>			
LITTLE ANGELS	KIDS WILL BE KIDS	PARENTING IS CHALLENGING MOST OF THE TIME	I NEED A TRANQUILIZER
<i>With your friends:</i>			
I HAVE A GREAT POSSE	I'M SATISFIED	ROOM FOR IMPROVEMENT	WHAT FRIENDS?
<i>How do you feel about yourself?</i>			
I GENUINELY LOVE AND ACCEPT MYSELF	I'M OKAY	I WRESTLE WITH SELF-ACCEPTANCE REGULARLY	DON'T ASK

<i>How do you feel about your life?</i>			
LIFE IS BEAUTIFUL	LIFE IS GOOD	LIFE Baffles ME	I DON'T LIKE TO THINK ABOUT IT
<i>Are you hungry for new experiences or does life feel exhausting and overwhelming?</i>			
HUNGRY	BUSY BUT CURIOUS	EXHAUSTED	
<i>The big picture stuff</i>			
<i>Are you able to accomplish your goals?</i>			
YES, EASILY	YES, WITH SOME FRUSTRATION	NOT OFTEN	NEVER
<i>List five things that make you happy:</i>			
1.			
2.			
3.			
4.			
5.			
<i>Do you have a life dream, or a big vision you'd like to realize?</i>			
YES	NO		
<i>If so, what is it?</i>			
<i>Do you believe it's possible to accomplish it?</i>			
<i>What actions are you taking to make it happen?</i>			
<i>Do you have a spiritual practice?</i>			
YES	NO		
<i>If so, how often do you practice it?</i>			
<i>Name three people you consider part of your support system:</i>			
1.			
2.			
3.			
<i>Can you call or get together with any of them over the next ten days?</i>			

*Congratulations!* You've just taken a good, hard look at yourself and your current condition. You're very brave to have done that. This selfie is a baseline against which you will be able to track your progress over time. Without this little snapshot of yourself, the results of changing your diet will be hard to spot. Armed with this information, you are enabling yourself to stay inspired and make big shifts. Yaaayyyy!!!