



“What Is *Your* HQ™?”

Health Quotient Questionnaire for

Name: _____ Date: _____

Age: _____ Resting Heart Rate: _____ Blood Pressure: _____ Weight: _____
 Total: _____ = _____ %

Body Measurements: Chest: _____ R. Arm: _____ Waist: _____
 Hips: _____ R. Thigh: _____

We all know that I.Q. (Intelligence Quotient) was developed to measure one’s intelligence. E.Q. (Emotional Quotient), developed by Daniel Golman in 1995, was developed to measure the success of an individual based on emotional strength, or “emotional intelligence.” This H.Q.™ (Health Quotient Questionnaire) was developed by **Eden Enterprises** to highlight the strengths and weaknesses of your current lifestyle & to find out your "health intelligence."

As with all personal information discussed with your Lifestyle Coach, the information on this questionnaire is kept **completely confidential**. Read each question carefully and consider the best response. A “0” is considered "never" and a “5” is a strong or regular indication. Mark N/A if it is not applicable.

Fitness:

- | | | | | | | |
|--|---|---|---|---|---|---|
| 1) Do I regularly incorporate exercise (3x) into my week? | 0 | 1 | 2 | 3 | 4 | 5 |
| 2) Do I enjoy being active? | 0 | 1 | 2 | 3 | 4 | 5 |
| 3) Do I seek out ways to increase activity in my day? | 0 | 1 | 2 | 3 | 4 | 5 |
| 4) Do I feel strong? | 0 | 1 | 2 | 3 | 4 | 5 |
| 5) What is my activity level throughout the day? | 0 | 1 | 2 | 3 | 4 | 5 |
| 6) Do I have energy at the end of most days? | 0 | 1 | 2 | 3 | 4 | 5 |
| 7) Am I happy with my body shape and size? | 0 | 1 | 2 | 3 | 4 | 5 |
| 8) Am I motivated to incorporate exercise into my day? | 0 | 1 | 2 | 3 | 4 | 5 |
| 9) Do I feel flexible and agile? | 0 | 1 | 2 | 3 | 4 | 5 |
| 10) Do I do strength training? | 0 | 1 | 2 | 3 | 4 | 5 |
| 11) Do I do cardiovascular training (heart & lungs) 3-5x's/week? | 0 | 1 | 2 | 3 | 4 | 5 |
| 12) How would I rate my overall fitness level? | 0 | 1 | 2 | 3 | 4 | 5 |
| 13) Am I open to having a fitness trainer help me get started? | | Y | | N | | |

Nutrition & Personal Health Issues:

- | | | | | | | |
|--|---|----------|----------|----------|----------|----------|
| 1) Do I eat at least three meals, every single day? | 0 | 1 | 2 | 3 | 4 | 5 |
| 2) Do I incorporate healthy snacks? | 0 | 1 | 2 | 3 | 4 | 5 |
| 3) Do I consume 5-10 servings of fresh fruits or vegetables? | 0 | 1 | 2 | 3 | 4 | 5 |
| 4) Do I <i>enjoy</i> eating whole-grained breads/pastas? | 0 | 1 | 2 | 3 | 4 | 5 |
| 5) Do I take any supplements, herbs or “nutraceuticals?” | 0 | 1 | 2 | 3 | 4 | 5 |
| 6) Do I <i>enjoy</i> eating healthy? | 0 | 1 | 2 | 3 | 4 | 5 |
| 7) Do I feel well after I eat? | 0 | 1 | 2 | 3 | 4 | 5 |
| 8) Do I emotionally feel well about the way I am eating? | 0 | 1 | 2 | 3 | 4 | 5 |
| 9) Am I motivated to make changes where they are needed? | 0 | 1 | 2 | 3 | 4 | 5 |
| 10) Do I read food labels? | 0 | 1 | 2 | 3 | 4 | 5 |
| 11) How much water do I drink per day? (÷ each # of cups by 2 to =score) | 1 | 2 | 3 | 4 | 5 | |
| 12) Do I use filtered/purified water? | 0 | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5</u> |
| 13) Do I have a “sweet tooth” or ever crave sweets? | 0 | 1 | 2 | 3 | 4 | 5 |
| 14) Do I cook with a microwave? | 0 | 1 | 2 | 3 | 4 | 5 |
| 15) Do I consume pop, coffee, regular tea, or powdered/instant drinks? | 0 | 1 | 2 | 3 | 4 | 5 |
| 16) How many times a week do I eat out? | 0 | 1 | 2 | 3 | 4 | 5 |
| 17) How much regular or decaf. tea/coffee do I drink a day? | 0 | 1 | 2 | 3 | 4 | 5 |
| 18) How much alcohol do I drink a week? | 0 | 1 | 2 | 3 | 4 | 5 |
| 19) Do I consider myself to be overweight? | 0 | 1 | 2 | 3 | 4 | 5 |
| 20) Do I eat after 7:30 PM? | 0 | 1 | 2 | 3 | 4 | 5 |
| 21) What kind of fat/oils do I use? _____. | | | | | | |
| 22) What foods do I most enjoy snacking on? _____. | | | | | | |
| 23) How would I rate my overall eating habits? | 0 | 1 | 2 | 3 | 4 | 5 |
| 24) Would it benefit me/my family to have meal planning? | | Y | | N | | |
| 25) Do I fall asleep easily? | 0 | 1 | 2 | 3 | 4 | 5 |
| 26) Do I usually wake up feeling refreshed? | 0 | 1 | 2 | 3 | 4 | 5 |
| 27) How many hours of sleep do I get? _____. | | | | | | |
| 28) Do I smoke? | | Y | | N | | |
| 29) How often do I have a bowel movement? _____. | | | | | | |
| 30) Do I have allergies/sensitivities? _____. | | Y | | N | | |
| If yes, to what substances? _____. | | | | | | |
| 31) Am I open to using alternative therapies? _____. | | | | | | |

Home Organization:

- | | | | | | | |
|--|---|---|---|---|---|---|
| 1) Am I happy with my living space? | 0 | 1 | 2 | 3 | 4 | 5 |
| 2) Do I enjoy being at home? | 0 | 1 | 2 | 3 | 4 | 5 |
| 3) Do I enjoy being in every room or space of my home? | 0 | 1 | 2 | 3 | 4 | 5 |
| 4) Do I feel my whole home is organized? | 0 | 1 | 2 | 3 | 4 | 5 |
| 5) Does my home run efficiently? | 0 | 1 | 2 | 3 | 4 | 5 |
| 6) Is my kitchen well organized? | 0 | 1 | 2 | 3 | 4 | 5 |
| 7) Do I have systems that work? (closet organizers, enough shelving) | 0 | 1 | 2 | 3 | 4 | 5 |
| 8) Do I easily maintain my home after a cleaning day? | 0 | 1 | 2 | 3 | 4 | 5 |
| 9) Does my living space make me <i>feel</i> well? | 0 | 1 | 2 | 3 | 4 | 5 |
| 10) Does everyone in the family have consistently completed chores? | 0 | 1 | 2 | 3 | 4 | 5 |

Psychological/Emotional

- | | | | | | | |
|--|---|---|---|---|---|-------|
| 1) Am I a happy, positive person? | 0 | 1 | 2 | 3 | 4 | 5 |
| 2) Do I wake up with a sense of <i>purpose</i> | 0 | 1 | 2 | 3 | 4 | 5 |
| 3) Do I feel positively motivated to do what I do each day? | 0 | 1 | 2 | 3 | 4 | 5 |
| 4) Do I find it easy to smile? (even in spite of failure/difficulty) | 0 | 1 | 2 | 3 | 4 | 5 |
| 5) Am I patient with myself? | 0 | 1 | 2 | 3 | 4 | 5 |
| 6) Am I patient with others? | 0 | 1 | 2 | 3 | 4 | 5 |
| 7) Am I an anxious person? | 0 | 1 | 2 | 3 | 4 | 5 (s) |
| 8) Do I have a best friend? | 0 | 1 | 2 | 3 | 4 | 5 |
| 9) Do I have a strong support system? (family, church, synagogue) | 0 | 1 | 2 | 3 | 4 | 5 |
| 10) Do I have a sense of belonging? | 0 | 1 | 2 | 3 | 4 | 5 |
| 11) Do I have strong convictions about things (& commit to them?) | 0 | 1 | 2 | 3 | 4 | 5 |
| 12) Is my life a balance of work, rest, and play? | 0 | 1 | 2 | 3 | 4 | 5 |
| 13) How often do I experience love and affection? | 0 | 1 | 2 | 3 | 4 | 5 |
| 14) Is my stress level: High Medium Low | 0 | 1 | 2 | 3 | 4 | 5 |
| 15) Do I ever struggle with feelings of guilt? | 0 | 1 | 2 | 3 | 4 | 5 |
| 16) Do I struggle with extreme feelings of anger? | 0 | 1 | 2 | 3 | 4 | 5 |
| 17) Do I ever feel depressed or have extremely sad feelings? | 0 | 1 | 2 | 3 | 4 | 5 |
| 18) Do I have strong feelings of fear or anxiety? | 0 | 1 | 2 | 3 | 4 | 5 |
| 19) Do I have any strategies to help overcome these extreme feelings? If yes, what do you do? _____. | | | | Y | N | |
| 20) Do I have unique family/children issues that make my situation particularly stressful (illness, behaviour)? If yes, how so? _____. | | | | | | |

Medical

- 1) Am I presently on any medication? Y N
- 2) Have I had a physical exam within the last year? Y N
- 3) Have I had any injuries that are affecting my health or well-being? Y N
- 4) Do I take prescription medications? Y N
- 5) Do I experience chronic or acute pain? If so, describe _____.
- 6) Do I have a chronic disease? Y N
- 7) What is my current blood pressure? _____.

Environmental

- 1) Am I exposed to chemicals, dust, fumes, toxins or poor air quality? Y N
- 2) How much fresh, clean air do I get daily? _____.
- 3) Have I recently painted, carpeted or done any renovations? Y N
- 4) What are my "harmonic" (electrical) pollution levels? _____.

Personal:

- 1) What are my hobbies? _____.
- 2) Do I have family to consider when planning/making changes? Y N
- 3) Rate the following areas of your life **in order of importance** (from 1-7).
Please also consider the amount of time and money invested in their pursuit:
*Career _____ *Leisure _____
*Family _____ *Religious _____
*Financial Freedom _____ *Social _____
*Health/Well-Being _____

The following section is completely optional. Do not answer any or all of the questions you feel are too personal or not applicable.

Spiritual:

- 1) Do I have peace in my life? 0 1 2 3 4 5
- 2) Do I have a sense of *lasting purpose* in what I do? 0 1 2 3 4 5
- 3) Do I feel I was created for a purpose? 0 1 2 3 4 5
- 4) Do I have a sense of forgiveness for any wrongs committed? 0 1 2 3 4 5
- 5) If I could ask God anything, what would it be?

