



Health Measures Questionnaire

Date: _____

Place a ✓ where appropriate

Stress Level:

1 2 3 4 5 6 7 8 9 10

Relaxed Stressed

Pain Level:

1 2 3 4 5 6 7 8 9 10

No Pain Tolerable Acute

Energy Level:

1 2 3 4 5 6 7 8 9 10

High Average Low

Sleep:

1 2 3 4 5 6 7 8 9 10

Restful Average Restless

Mood (Anxiety or Depression):

1 2 3 4 5 6 7 8 9 10

None Tolerable Very Depressed/Anxious

Cravings:

1	2	3	4	5	6	7	8	9	10
None			Passing Cravings				Intolerable		

Neck & Shoulder Stiffness/Discomfort:

1	2	3	4	5	6	7	8	9	10
None							Intense Discomfort		

Mental Clarity & Memory:

1	2	3	4	5	6	7	8	9	10
Excellent						Difficulties Remembering			

Problems with Digestion (constipation, irritable bowel, acid reflux, etc.):

1	2	3	4	5	6	7	8	9	10
None			Tolerable				Severe Problems		

Endurance (self-determined measure):

1	2	3	4	5	6	7	8	9	10
High			Average				Low		

Lower Back Pain:

1	2	3	4	5	6	7	8	9	10
None							Intense Discomfort		

Blood Pressure:

1	2	3	4	5	6	7	8	9	10
Low					High				

Difficulty Breathing:

1 2 3 4 5 6 7 8 9 10

None

Intense Discomfort

Any Other Conditions to be Measured?

1 2 3 4 5 6 7 8 9 10

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1 2 3 4 5 6 7 8 9 10

Notes:



THE BREATHING CLASS