

# Marigold Healing Center

## Health & Wellness Questionnaire



This printable questionnaire is for your general knowledge of the state of your current health posture. There will be two sections: one is the habits you acquired over the years to reflect your current health living today; the other section is the medications or treatments you use on a routine basis to also reflect your current health to sustain a level of health and both should reflect to you as a person your current state. Then you can assess where you want to be and the future state of wellness using nature and your body to do the work it was intended to do. You should not feel embarrassed for truthful answers. Only you and who you choose to share it with will see your results. This is why you are here, to walk your journey to wellness one day at a time. Welcome.

Current Health Living Today	
How do you live today? Personal health choices.	Answers
Do you have fresh vegetables daily? Specifically, do you prepare or eat vegetables in 2 of your meals a day that are not sprayed with pesticides (true organic) farm to table style-meaning fresh and made for consumption that day without chemicals.	Select <input type="checkbox"/> Yes   <input type="checkbox"/> No
Do you eat pasture fed beef, free roam chickens and pork, fish or game in your weekly meals?	Select <input type="checkbox"/> Yes   <input type="checkbox"/> No
Do you drink city tap water daily?	Select <input type="checkbox"/> Yes   <input type="checkbox"/> No
Do you drink pure spring water daily?	Select <input type="checkbox"/> Yes   <input type="checkbox"/> No
Do you drink water that is ionized & chemical free?	Select <input type="checkbox"/> Yes   <input type="checkbox"/> No
Do you make a conscious effort to move & exercise daily?	Select <input type="checkbox"/> Yes   <input type="checkbox"/> No
Are you a workaholic?	Select <input type="checkbox"/> Yes   <input type="checkbox"/> No
Do you struggle with staying happy?	Select <input type="checkbox"/> Yes   <input type="checkbox"/> No
Do you feel grateful daily-meaning visualizing it daily?	Select <input type="checkbox"/> Yes   <input type="checkbox"/> No
Do you have a regular spiritual practice you exercise?	Select <input type="checkbox"/> Yes   <input type="checkbox"/> No

## Current Medical Health Today

What medications/treatments do you use today?	Answers
Are you diagnosed with a chronic illness or disease?	Select <input type="checkbox"/> Yes   <input type="checkbox"/> No
Do you take a medication on a routine basis?	Select <input type="checkbox"/> Yes   <input type="checkbox"/> No
If you take a routine medication, do you experience side effects that my impact other areas in your body?	Select <input type="checkbox"/> Yes   <input type="checkbox"/> No
Has the medication improved your health?	Select <input type="checkbox"/> Yes   <input type="checkbox"/> No
Has the medication made your health worse?	Select <input type="checkbox"/> Yes   <input type="checkbox"/> No
Are you on a treatment that was prescribed to improve your health?	Select <input type="checkbox"/> Yes   <input type="checkbox"/> No
Do your doctors coordinate amongst themselves before prescribing medications for your illness?	Select <input type="checkbox"/> Yes   <input type="checkbox"/> No
Do you have high blood pressure?	Select <input type="checkbox"/> Yes   <input type="checkbox"/> No
Do you have heart problems?	Select <input type="checkbox"/> Yes   <input type="checkbox"/> No
Have you had recent surgery in the last 12 months?	Select <input type="checkbox"/> Yes   <input type="checkbox"/> No
Do you have a lung or breathing issues?	Select <input type="checkbox"/> Yes   <input type="checkbox"/> No
Were or are you a smoker of cigarettes?	Select <input type="checkbox"/> Yes   <input type="checkbox"/> No
Are you obese (20% over ideal weight)	Select <input type="checkbox"/> Yes   <input type="checkbox"/> No
Do you have high cholesterol?	Select <input type="checkbox"/> Yes   <input type="checkbox"/> No
Do you have joint or extremity pain?	Select <input type="checkbox"/> Yes   <input type="checkbox"/> No
Do you have circulation issues accompanied with pain?	Select <input type="checkbox"/> Yes   <input type="checkbox"/> No

## Current Medical Health Today

What medications/treatments do you use today? (cont)	Answers
Do you have back pain?	Select <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>
Do you have a hernia?	Select <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>
Have you had a stroke?	Select <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>
Do you have regular chest pain?	Select <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>
Does any of body, extremities shake?	Select <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>
Do you have a thyroid condition?	Select <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>
Do you have Diabetes?	Select <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>
Are you pregnant?	Select <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>
<p>Now that you have a complete picture of what is the current state, take the time to ask yourself, <u>what is your desired state of health and wellness?</u> Write a paragraph to define that desire.</p>	
<p>On this next section, <u>write your intentions to achieve this desire.</u> For example:</p> <p><i>My body will heal itself as I set to change my habits and introduce new healing modalities and wellness principles in my life.</i></p> <p><i>When I visit the EESystem, I intend to watch my body heal itself over time and I set to change my daily living habits by learning about what I intake, whether it is toxic to my body and make a change to develop new habits in my lifestyle. These measures will enable my body to continue to heal itself using nature and natural law principles.</i></p> <p>Come up with your own list of intentions you want to achieve for yourself.</p>	

As you begin to review this questionnaire and take action with positive intentions, re-visit the questionnaire to track your progress for meeting your intentions, always leaning to your overall goal of achieving health and wellness for your body, mind and spirit. Don't let your symptoms make you change your course; don't let your mind (thoughts) change your course; and don't let your lack of connection with spiritual peace change your course. Set your intentions and walk there, one step at a time. Connecting these areas to meet your goals can cause the body to heal itself and your will find yourself in wellness you have never felt before.