

Wellness Questionnaire

It's about your improved physical and mental wellbeing!

Last Name: _____ First Name: _____ Phone: _____

The following questions help, to show us your current physical and psychological state.

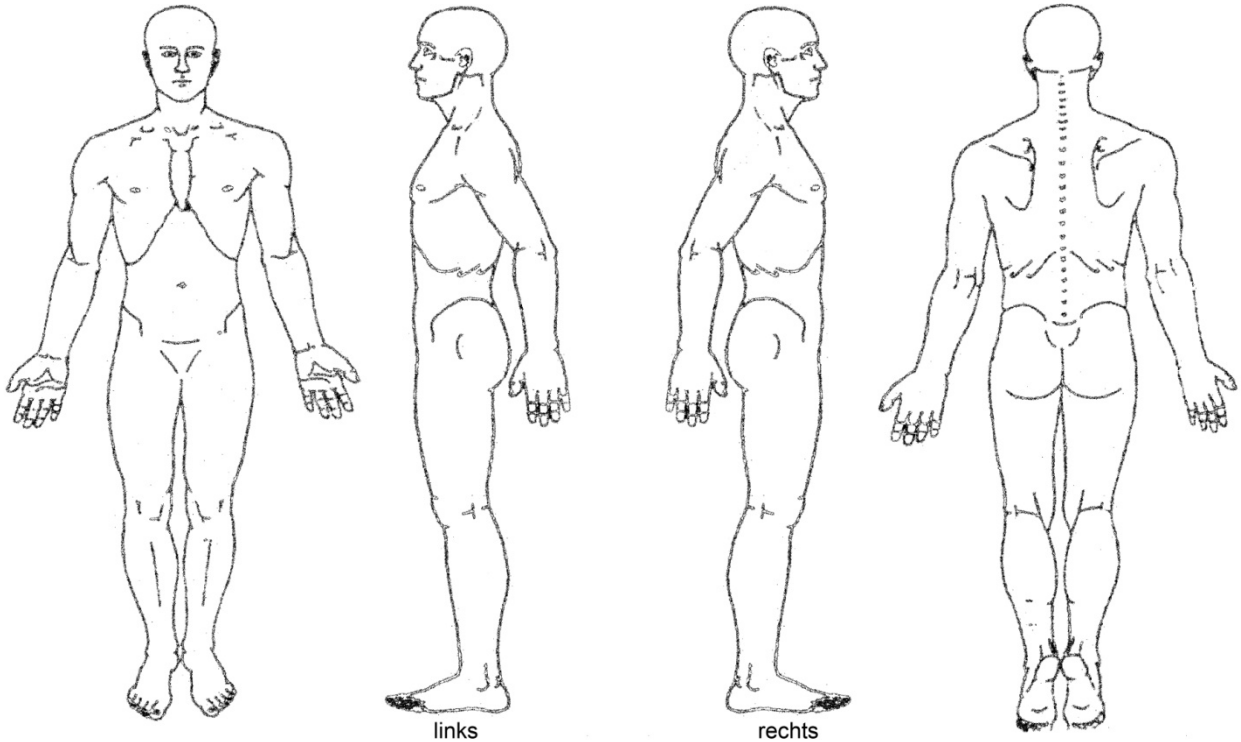
How do you feel today?

- | | | | |
|--------------------------------------|--------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> world class | <input type="checkbox"/> well | <input type="checkbox"/> not good | <input type="checkbox"/> awful |
| <input type="checkbox"/> sensational | <input type="checkbox"/> ok | <input type="checkbox"/> bad | |
| <input type="checkbox"/> excellent | <input type="checkbox"/> so so | | |

Mark areas of discomfort

- | | | |
|---|--|--|
| <input type="checkbox"/> toothache | <input type="checkbox"/> pain behind the ear | <input type="checkbox"/> neck pain |
| <input type="checkbox"/> temporomandibular joint pain | <input type="checkbox"/> earache | <input type="checkbox"/> shoulder pain |
| <input type="checkbox"/> jaw muscle or joint pain | <input type="checkbox"/> headache | <input type="checkbox"/> pain in the elbow |
| <input type="checkbox"/> fascial pain | <input type="checkbox"/> sore throat | |

Please mark with a pencil the areas in your body where you feel sensitivity, discomfort or pain. If for example you have discomfort in your head of face indicate clearly where exactly these sensitivities occur.



Quality of discomfort

I describe my discomfort as...

- | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> agonizing | <input type="checkbox"/> savage | <input type="checkbox"/> piercing | <input type="checkbox"/> throbbing |
| <input type="checkbox"/> exhausting | <input type="checkbox"/> severe | <input type="checkbox"/> pressing | <input type="checkbox"/> stinging |
| <input type="checkbox"/> gruelling | <input type="checkbox"/> nasty | <input type="checkbox"/> pulsating | <input type="checkbox"/> dull |
| <input type="checkbox"/> heavy | <input type="checkbox"/> enervating | <input type="checkbox"/> sharp | <input type="checkbox"/> draging |
| <input type="checkbox"/> awful | <input type="checkbox"/> pounding | <input type="checkbox"/> unbearable | <input type="checkbox"/> gnawing |
| <input type="checkbox"/> paralyzing | <input type="checkbox"/> tearing | <input type="checkbox"/> cutting | |
| <input type="checkbox"/> pulsating | <input type="checkbox"/> blistering | <input type="checkbox"/> burning | |

Further Issues

- | | | |
|--|---|--|
| <input type="checkbox"/> breathing difficulties | <input type="checkbox"/> sore throat and pharyngitis | <input type="checkbox"/> hay fever |
| <input type="checkbox"/> inflammation of the sinuses | <input type="checkbox"/> "blocked" nose | <input type="checkbox"/> snoring / breathing interruptions |
| <input type="checkbox"/> sensitivity to touch | <input type="checkbox"/> trembling of eyelid, tongue or hands | |

Skin / Nails

- wrinkles
- dry skin

- rashes
- yellow nails

- scars
- nail bed inflammation

Hair

- dandruff

- gray hair

- hair loss

Eyes

- visual defect
- eye inflammation

- photosensitivity
- bad diopter

- dry eyes

Neck

- difficulties swallowing
- prolapsed disc (cervical spine)

- lump in throat

- stiff neck

Shoulders and Arms

- limited mobility

- restless arms / numbness

Back / Spinal Cord

- stiff back

- sensitivity to cold

- spinal disc prolapse

Pelvis and Legs

- muscle weakness

- restless legs / numbness

Stress

- work related stress
- personal, family related stress
- irritability
- anxiety
- memory impairment
- lack of appetite

- worrying
- nervousness, restlessness
- low mood, depression
- indecision
- sleep disorders
- unwanted weight loss

- unresolved conflicts
- sadness, sorrow
- mood swings
- lack of concentration
- concentration weakness

General Wellness

- allergic reactions
- rashes or itchy skin
- susceptibility to infection
- asthma or chronic bronchitis
- breathlessness, heart and
- circulatory issues

- stomach issues
- overweight
- lack of exercise
- fatigue, languor, exhaustion
- soft bowel movement, diarrhea
- constipation

- bloating, flatulence
- menstrual problems
- Klimatechnische Beschwerden
- kidney / bladder issues
- metabolic disorder
- hormonal disorder

- Do you have bigger scars or ulcers anywhere on your body or other changes on your skin?
- Where do you live (urban, rural, house, flat)?
- Is there a possibility that you are exposed to environmental pollution in your home?
- Are you exposed to environmental pollution in your work / hobby?
- Do you live or work near high power lines or transmission towers?
- Is there a specific geographical place where your symptoms get worse?

- Do you feel tired and exhausted often?
- Do you suffer from allergies?
- Are you experiencing sleep disturbance?
- Are you irritable? Do you feel nervous?
- Do you have financial worries?
- Are you happy with your living conditions?
- Are you unhappy with your professional life?
-

- Do you frequently and intensively use your mobile phone?
- Do you sleep poorly?
- Do you suffer from mood swings?
- Are you resilient to stress? Do you easily get stressed?
- Are you depressed?
- Do you feel lonely?
- Are you unhappy with your job?
- Is there anything that causes you worry or anxiety?

Thank you for your openness and cooperation!