

Question 10

Over the past week, how well do you feel your work life has been? Terrible in this case indicates your work life and/or work relationships brings you a lot of grief and stress. This could be because you have no work, or because of pressures you feel from work, and/or due to difficult relationships with work colleagues. While terrific in this case means you feel you have a great work life, you feel valued, and you feel your contribution matters.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10
Terrible										Fantastic

SECTION B – Your current health promoting behaviors

Instructions: Please answer **ALL** the scales, based on how often you participated in the following wellness behaviors **during the last week**.

Question 1

Over the past week, how many days have you exercised (e.g. gone for a walk or run and/or done any strength training, such as lifting weights or doing squats and/or sit-ups)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7
Never							Every single day

Question 2

Over the past week, how often have you done mindfulness meditation?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7
Never							Every single day

Question 3

Over the past week, how often have you practiced conscious breathing exercises?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7
Never							Every single day

Question 4

Over the past week, how often have you practiced gratitude?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7
Never							Every single day

Question 5

Over the past week, how often have you had a positive attitude or been thinking positively about your situation and/or about what has happened this week?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7
Never							Every single day

Question 6

Over the past week, how often have you taken a 'sensory siesta' (a break from sensory input by lying down with a blanket over you, eye covers, noise-suppression headphones or in a quiet place and thought about nothing for 20 minutes)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7
Never							Every single day

Question 7

Over the past week, how often have you carefully considered eating healthy, natural foods (fresh fruit, fresh vegetables, nuts and seeds, good quality protein, complex carbohydrates and healthy fats) and been present mentally while you ate?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7
Never							Every single day

Question 8

Over the past week, how often have you taken care of your gut and microbiome by eating fresh healthy foods and/or taking prebiotics and/or probiotics?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7
Never							Every single day

Question 9

Over the past week, how often have you taken any good quality health supplements?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7
Never							Every single day

Question 10

Over the past week, how often have you had good healthy intimate connections (such as hugs, kisses, cuddles and/or sex)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7
Never							Every single day