

Creating Wellness Assessment Answer Sheet

Center ID:

Center Name:

Member ID:

Member Name:

Visit Number: 1

Your Goals

1:_____ 2:_____ 3:_____ 4:_____ 5:_____ 6:_____ 7:_____ 8:_____ 9:_____ 10:_____

11:_____ 12:_____ 13:_____

Your Profile

1:_____ 2:_____ 3:_____ 4:_____ 5:_____ 6:_____ 7:_____ 8:_____

Supplements and Meal Planning Survey

1:_____ 2:_____ 3:_____ 4:_____ 5:_____ 6:_____ 7:_____

Physical Dimension

1:_____ 2:_____ 3:_____ 4:_____ 5:_____ 6:_____ 7:_____ 8:_____ 9:_____ 10:_____

Bio-Chemical Dimension

1:_____ 2:_____ 3:_____ 4:_____ 5:_____ 6:_____ 7:_____ 8:_____ 9:_____ 10:_____

11:_____ 12:_____ 13:_____ 14:_____ 15:_____ 16:_____ 17:_____ 18:_____ 19:_____ 20:_____

21:_____ 22:_____ 23:_____ 24:_____ 25:_____ 26:_____ 27:_____ 28:_____ 29:_____ 30:_____

31:_____ 32:_____ 33:_____ 34:_____ 35:_____

Psychological Dimension

1:_____ 2:_____ 3:_____ 4:_____ 5:_____ 6:_____ 7:_____ 8:_____ 9:_____ 10:_____

11:_____ 12:_____ 13:_____ 14:_____ 15:_____ 16:_____ 17:_____ 18:_____ 19:_____ 20:_____

21:_____ 22:_____ 23:_____ 24:_____ 25:_____ 26:_____ 27:_____ 28:_____ 29:_____ 30:_____

31:_____ 32:_____ 33:_____ 34:_____ 35:_____ 36:_____ 37:_____ 38:_____ 39:_____ 40:_____

41:_____ 42:_____ 43:_____

Wellness Center Cover Form(for center use only)

1:_____ 2:_____