



12-ITEM HEALTH AND WELLNESS SURVEY

NAME _____

DATE _____

ADMINISTERED BY _____

This survey will help you determine if there are barriers that prevent you from being the best you can be as naturally as possible. Please answer the following questions by checking the column that describes how you feel. The questions are co-ordinated with actions you can take by following the Steps in the Self-Managed Journey (SMJ) found on the www.empowermentplus.org website.

#	Question	Hardly Ever	Some of the Time	Most of the Time	Almost all the Time	Self-Managed Journey
1	Do you feel that you are not achieving your potential ?					Step 1
2	Do you have trouble focusing on your school work or employment work?					Step 1
3	Is it difficult for you to focus when you are not interested in a subject or task?					Step 1
4	Do you have trouble understanding what people mean when they speak?					Step 2
5	Do you have trouble understanding what you read?					Step 2
6	Is it difficult for you to write neatly?					Step 2
7	Do you have trouble getting along with others?					Step 3
8	Do you have allergies, irritable bowel syndrome (IBS), eczema or asthma?					Step 4
9	Do you get sick more than twice a year with a cold, flu or sinus infection?					Step 4
10	Do you experience bad moods?					Step 4
11	How often are you sad or bothered by disturbing memories?					Step 5
12	Do you have a sore back or headaches?					Step 5

INTERPRETATION

If you answered “Most of the Time” or “Almost all the Time” to any of the questions above, you can find useful suggestions as to how you can improve your situation and feel better by following the Step indicated in the “Self-Managed Journey” on the www.empowermentplus.org website. For further assistance, contact a certified Empowerment Plus® Practitioner via the website.