Platt WELLNESS & METABOLIC SOLUTIONS, INC.®

# WELLNESS QUESTIONAIRE

Please circle the particular symptom, then check yes or no.

| | | |
|---|---|---|
| 1) | Do you have any weight concerns? | Yes ___ No ___ |
| 2) | If so, is the weight mostly around the middle? | Yes ___ No ___ |
| 3) | Do you have a problem either falling asleep or staying asleep? | Yes ___ No ___ |
| 4) | Do you toss and turn or have restless leg syndrome? | Yes ___ No ___ |
| 5) | Do you have TMJ or grind your teeth? | Yes ___ No ___ |
| 6) | Do you wake up with aches and pains, especially in the low back or the sides of your hips? | Yes ___ No ___ |
| 7) | Do you get up at night to urinate or have hot flashes? | Yes ___ No ___ |
| 8) | Are you tired all the time? | Yes ___ No ___ |
| 9) | Do you get sleepy after eating, or between 3 and 4 PM? | Yes ___ No ___ |
| 10) | On car trips, do you have trouble keeping your eyes open? | Yes ___ No ___ |
| 11) | Do you have any problem with anger issues, including road rage? | Yes ___ No ___ |
| 12) | Do you drink or smoke too much? | Yes ___ No ___ |
| 13) | Do you have trouble focusing? | Yes ___ No ___ |
| 14) | Do you have a problem with "brain fog" or memory issues? | Yes ___ No ___ |
| 15) | Do you have a history of Irritable Bowel Syndrome (IBS)? | Yes ___ No ___ |
| 16) | Do you have urinary urgency during the day? | Yes ___ No ___ |
| 17) | Do you have a problem with bladder discomfort or painful urination? | Yes ___ No ___ |
| 18) | Do you find that, no matter what you do, you cannot lose weight? | Yes ___ No ___ |
| 19) | If you go a certain period of time without eating, do you get shaky or irritable? | Yes ___ No ___ |
| 20) | Are you a type A personality or workaholic? | Yes ___ No ___ |
| 21) | If you have a history of diabetes, hypertension, fibromyalgia, or depression, are you interested in addressing the underlying cause, which would allow you to taper off your medications? | Yes ___ No ___ |

Client Name: _____