PERSONAL WELLNESS QUOTA (WQ) SURVEY

HEALTH@YOUR DOOR

RISK FACTOR ASSESSMENT – PERSONAL WELLNESS QUOTA (WQ)	A	B	C
Exercise			
How often do you spend 20-30 minutes in leisure time physical exercise per week?	3-6 times	1-2 times	Seldom
What time of day do you exercise?	Morning	Late evening	Late night
Adequate Hydration			
How many glasses of water do you drink each day (excluding other beverages)? (One glass = 8 ounces) (Adults)	8-12	5-7	0-4
Do you consume caffeinated products?	No	---	Yes
Air Quality			
Do you allow plenty of outside air inside your work or dwelling place? (EPA reports indoor air is up to 3 times more polluted than outside air)	Regularly	Sometimes	Never
Do you take time to breathe deeply each day? (also occurs naturally during exercise)	Yes	---	No
Sunlight (Vitamin D)			
How often do you obtain at least 15 minutes of direct outdoor sun exposure?	Regularly	Sometimes	Never
How often do you have reddening of the skin due to sun exposure?	Never	Sometimes	Regularly
Nutrition			
How many times do you eat per day (including snacks)?	2-3	4	1 or 5+
How often do you eat fresh fruits or vegetables with your meals?	Regularly	Sometimes	Never
How often do you consume large amounts of sugar (candy, sodas, etc)?	Never	Sometimes	Regularly
Toxin Buildup (Temperance)			
Do you use tobacco products or regularly inhale second hand smoke?	No	---	Yes
Do you consume alcoholic beverages?	No	---	Yes
Adequate Rest			
How many hours of sleep do you get per day? (Adults)	7-8	5-7 or 8-9	0-5 or 9+
Do you sleep with the room lights on?	Never	Sometimes	Regularly
Do you observe a specified weekly day of relaxation?	Regularly	Sometimes	Never
Emotional/ Spiritual Stability			
Are you anxious or severely distressed/discouraged?	Never	Sometimes	Regularly
Do you attend religious services regularly?	Yes	---	No
Do you have a loving relationship with your family and friends?	Yes	---	No
Do you feel like something is missing/ not right in your life?	Never	Sometimes	Regularly
***Scoring: 0 (Lowest Health Risk) to 40 (Highest Health Risk)**	**(_____x 0)**	**(_____x 1)**	**(_____x 2)**

Disclaimer: This survey is for educational purposes only and is not intended to diagnose specific medical conditions.