



Total Body Radiance

Radiance Questionnaire

Please fill out the following questionnaire and seal it in an envelope marked "Month 1" and keep it safe in your binder

In the space provided please indicate with a number from 1-5 how you feel about each question (unless otherwise instructed in the question itself).

1 = Never (no possible chance) **2** = Little of the time (I doubt it) **3** = Some of the time (possibly)
4 = Most of the time (probably) **5** = All of the time (yes, absolutely)

Spiritual Health

1. _____ I have a strong interest in things of a spiritual nature
2. _____ I have a strong connection to a "Higher Power"
3. _____ I feel like my "Higher Power" loves and cares for me and has a greater plan for my life
4. _____ I have close friends who share this same belief
5. _____ I meet regularly with others – formally or informally – to discuss or learn about matters of a spiritual nature

Emotional Health

1. _____ I have a strong family life either with my immediate family, my extended family, or very close friends who take the place of family.
2. _____ My family (however defined) gets on my nerves.
3. _____ My family and I find it difficult to communicate clearly and this causes stress.

4. _____ I feel like a stranger in my family.
5. _____ I have enough really close friends to feel loved and secure
6. _____ There are people in my life I could call in the middle of the night if I had a problem
7. _____ I am proud to be associated with my friends/family
8. _____ I tend to laugh easily and frequently
9. _____ I have a fulfilling job or occupation
10. _____ I have hobbies and activities that I enjoy
11. _____ I am able to pursue my hobbies and activities often enough to experience joy
12. _____ I cry easily (sad/moving stories, movies, books, excitement)
13. _____ I have had deep pain in my life
14. _____ I believe past experiences are hindering me from experiencing a full and satisfying life.
15. _____ I often feel stressed and overwhelmed
16. _____ I am very self-critical
17. _____ I am often critical of others
18. _____ I have a bad temper and often experience deep anger
19. _____ I suffer from depression, or simple lack of interest (can't be bothered)
20. _____ I often worry, usually unnecessarily
21. _____ I have difficulty focusing, or suffer from a short attention span
22. _____ I often have anxiety attacks
23. _____ I suffer from restlessness or an inability to sit still or quietly
24. _____ I have recurring thoughts or dreams that bother me
25. _____ I experience stress regarding my finances
26. _____ I experience stress regarding a significant relationship
27. _____ I experience stress regarding my health
28. _____ I experience stress regarding my sex life
29. _____ I experience stress regarding my job
30. _____ I experience stress regarding school or my level of education
31. _____ I experience stress regarding my general well-being
32. _____ I experience stress regarding my physical well-being
33. _____ I experience stress regarding my emotional well-being
34. _____ I experience stress regarding my ability to cope with my day-to-day situations
35. _____ I feel positive about who I am and where I'm going
36. _____ I am happy with my own company
37. _____ I believe I have something worthwhile to offer to the world around me
38. _____ I feel valued and appreciated

Physical Health

1. ____ I suffer from these chronic illnesses: _____
2. ____ If there is a cold/flu/illness going around, I'm sure to catch it
3. ____ I can run up a flight of stairs without getting winded
4. ____ I suffer from chronic pain or from old injuries
5. ____ I suffer from high blood pressure (I recommend getting a reading before beginning this program)
6. ____ I suffer from high cholesterol (I recommend getting a reading before beginning this program)
7. ____ I suffer from heart disease
8. ____ I have acne/very oily skin
9. ____ I have eczema/dry itchy skin
10. ____ I have poor eyesight
11. ____ I find I gain weight very easily
12. ____ I find it very hard to lose weight or to keep it off
13. ____ I suffer from a sense of stiffness or pain in my spine
14. ____ I am often very tired, or experience low energy
15. ____ I suffer from migraine headaches triggered by: _____
16. ____ I suffer from allergies or skin rashes
17. ____ I am often dizzy or lightheaded
18. ____ (Male) I have shown no signs of low fertility/infertility
19. ____ I suffer from a type of sexual dysfunction (erectile, lack of orgasm, lack of desire, etc)
Describe briefly: _____
20. ____ (Female) I have had no issues bearing children
21. ____ (Female) I suffer from PMS
22. ____ (Female) My periods are regular and not too heavy
23. I currently exercise about ____ times per week. I do the following (run, take a class, lift weights, etc.) _____
24. I sleep approximately ____ hours per night.
25. ____ My sleep is deep and I wake most mornings feeling refreshed.
26. ____ I suffer a lot from brain fog, and find myself losing my train of thought easily
27. I smoke about ____ cigarettes per day
28. I drink about ____ alcoholic beverages per week.

29. _____ I am a vegetarian
30. _____ I often find myself constipated
31. _____ I often suffer from diarrhea
32. _____ I often suffer from heartburn
33. _____ I often suffer from intestinal gas
34. I would rate my lifestyle as active _____ moderately active _____ moderately sedentary _____
sedentary _____
35. _____ I believe my body has a reasonable amount of flexibility
36. _____ I feel that my body is well-balanced. I don't fear falling or tripping, and I don't have one
side that is considerably more developed than another. I don't favour one side
over another.
37. _____ I feel strong enough to do the things I need to do each day

Nutritional Health

1. I enjoy about _____ cans of soda (or soda type – like iced tea, artificial fruit juices) per week
2. _____ I feel somewhat addicted to sugary treats (donuts, candy, desserts)
3. _____ I feel somewhat addicted to savoury/salty treats (chips, crackers)
4. _____ I experience very specific food cravings for: _____
5. _____ I enjoy simple carbs (bagels, bread, pasta, etc) and have about _____ servings per
day.
6. I eat approximately _____ of vegetables/fruits per day, of which _____ servings are
usually raw.
7. I eat junk food/fast food about _____ times per week.
8. I drink about _____ glasses of water per day
9. _____ I believe my diet is well balanced and healthy
10. _____ I eat only when truly hungry
11. _____ I am hungry at each meal
12. _____ I eat a wide variety of foods
13. _____ I use sugar
14. _____ I use salt
15. _____ I understand what it means to be full and I trust my body's guidance
16. _____ I cannot leave food on my plate
17. _____ I regularly read (and understand) food labels

