

Your FlexAware® Self-Assessment

More information: Dr. Wilson -- www.NaturalConnectionsHealthcare.com

- Rank each question from 1 to 10, 1 being the lowest and 10 the absolute best.
- As you incorporate *FlexAware* into your daily life, notice if the numbers go up.

	Before <i>FlexAware</i>	After 1 week of <i>FlexAware</i>	After 2 weeks of <i>FlexAware</i>	After 1 month of <i>FlexAware</i>	After 2 months of <i>FlexAware</i>	After 3 months of <i>FlexAware</i>
How is your breathing?						
I breathe easily.						
I hold my breath at times.						
I'm aware of my ribs moving.						
How are you sleeping?						
I fall asleep easily.						
I sleep soundly.						
I wake up feeling rested.						
Do you have enough energy?						
Overall?						
At work?						
For recreation?						
For relationships?						
Pain: I have joint pain overall.						
I have pain in specific joints.						
I have muscle aches or pain overall.						
I have pain in some specific muscles.						
Flexibility: I feel flexible overall.						
I feel generally good in my body.						
I feel strong.						
How often do you ...						
Laugh?						
Have a feeling of well-being?						
Feel good all over?						
Move easily, with confidence?						
How is your sitting?						
I can sit comfortably.						
I shift my weight actively.						
I shift my weight spontaneously.						
How is your walking?						
I walk comfortably.						
I can walk as far as I want.						
I'm aware of moving my pelvis.						
I'm alert throughout the day.						
I'm as active as I want to be.						
I'm satisfied w/ my overall fitness.						
My weight						
My height						
My peak flow of breathing						
HRV test result w/ Dr. Wilson						
Other:						
Other:						
Other:						