



# Health Assets Questionnaire

## *From Dr Joan's Third Age Health*

Congratulations on taking this time to invest in yourself.

Just as people have 401(k)'s and other investments which reflect their financial wellbeing, this brief questionnaire will help you assess your overall *health* assets today. Whatever your age and state of physical and mental health, by making health-conscious investments in yourself today, you will build up reserves that you can rely on in the future.

### **Let's Get Started – It's Easy!**

If you can, first print this document. Read each statement below and answer as truthfully as possible by circling the appropriate number:

#### **1. How well do you feel at this moment?**

1	2	3	4	5
Extremely unwell—serious health concerns and pain which impact my independence and outlook	Unwell - suffering complications and pain from medical conditions	Okay - few aches and pains or moderate health concerns which I manage most of the time	Generally well – no serious concerns, active and independent	Great – no complaints!

#### **2. When do you have the most energy?**

1	2	3	4	5
Evening	Late afternoon	Mid-day	Mid-morning	Early morning

#### **3. How satisfied are you with your looks?**

1	2	3	4	5
Dissatisfied	Somewhat dissatisfied	Happy with some features, unhappy with others	Mostly satisfied	Very satisfied

#### **4. How would you rate your eating habits?**

1	2	3	4	5
I skip meals, eat fast food, often on the go	I eat at irregular times, not the healthiest choices	I make some healthy as well as some unhealthy choices	I eat mostly healthier meals at the dining table	I eat regularly scheduled, consistently healthy meals

#### **5. How much water do you drink per day? (one cup=8 ounces)**

1	2	3	4	5
1 cup	2-3 cups	4-5 cups	6-7 cups	8 or more cups

### 6. How well do you manage your weight?

1	2	3	4	5
I'm usually more than 25 pounds over my ideal body weight	I am 20-25 pounds over my ideal body weight	I am within 10-20 pounds of my ideal body weight	I am within 10 pounds of my ideal body weight	I maintain my ideal body weight

### 7. How well do you manage your stress?

1	2	3	4	5
I feel anxious and overwhelmed most of the time and don't know how to find relief	I find myself trying to cope mostly by eating, drinking or taking my aggression out on others	Sometimes I feel overwhelmed, and at other times I am better able to cope	I manage the stresses in my life fairly well most of the time	I feel little stress in my life

### 8. How well do you manage your time?

1	2	3	4	5
I am rarely on schedule and never seem to get things done on time	I am sometimes on schedule. I have trouble prioritizing commitments and I always seem to have more to do	I move between good and bad days – sometimes able to accomplish goals but other times not	Most of the time I organize my day well and accomplish the days' goals	I am regularly able to organize my time to accomplish each day's goals

### 9. How would you describe your sleep?

1	2	3	4	5
I have trouble falling asleep, wake up frequently, and nod off during the day	I rarely sleep soundly and feel tired most days.	I may fall asleep easily but wake up and have trouble going back to sleep. I sometimes sleep through the night and wake up feeling rested.	I often fall asleep easily, wake up occasionally, but generally feel rested	I fall asleep easily, sleep soundly, and wake up refreshed

### 10. What do you do for structured exercise?

1	2	3	4	5
I don't exercise	I exercise occasionally but not regularly.	I do 2 or 3 sessions of structured exercise or sports every week, but rarely intensely.	I do either endurance, interval or strength-oriented workouts 3 or more times each week.	Working out is a big part of my life. I do it almost every day and workout to satisfy my training goals.

### 11. Besides exercising or playing sport how would you describe your general level of activity?

1	2	3	4	5
Inactive. I move only when absolutely necessary.	Not very active. Between work, driving, watching TV (or mobility limitations) I sit for hours at a stretch & only occasionally do things that require me to move more than necessary.	Moderately active. I like to get up and move regularly but also sit for most of the day.	Pretty active. I stand up often, enjoy participating in active pursuits at home, work or outdoors, and notice when I have been less active than normal during the day.	Highly active. I relish movement and rarely sit for more than 30 minutes at a time.

**12. How would you describe your support network?**

1	2	3	4	5
I have little contact with others and no one I can call on when in need	I have a few friends whom I rarely see. I am alone much of the time.	I have some friends whom I value, and we communicate and see each other from time to time	I have a few friends and family members on whom I can rely, and with whom I often talk or socialize	I have many good friends, neighbors, and extended family on whom I can rely and with whom I frequently talk or socialize

**13. How would you describe your balance?**

1	2	3	4	5
I have difficulty standing or walking unsupported	I lose my balance quickly and have to sit even for basic things like putting my socks on	I often need to lean against something to get dressed	I can easily put my slacks and socks on standing up	I can comfortably stand on either leg for one minute or more

**14. In an average weekday how much time are you devoting to yourself?**

1	2	3	4	5
Almost none at all	I am so busy with commitments I'm lucky to get more than 30 minutes for my own enjoyment	Most days I am able to spend adequate time but I wish I had a little more	More than 3 hours – I have plenty of time for my desired activities	Most of the day – I have few other commitments

**15. What is your age?**

1	2	3	4	5
90 or older	70-89 years	45-69 years	26-44 years	25 or younger

**16. Which profile best describes your drinking habits (alcoholic beverages)?**

1	2	3	4	5
I drink every day. I need it to function	Almost every day I have three or more drinks	More days than not I have a drink or two, <i>Or</i> I am an alcoholic and don't drink now	Some days I enjoy one and sometimes two drinks	I drink the occasional glass of beer or wine <i>Or</i> I don't drink at all

**17. How many cigarettes do you smoke per day?**

1	2	3	4	5
A pack or more	Daily, less than a pack	Most days, less than 10, <i>Or</i> I used to smoke regularly but quit	I smoke a cigarette once in a while	never

Subtotal: Tally your score for the first 17 questions \_\_\_\_\_

Add 4 points if you are male and 5 points if you are female \_\_\_\_\_

Total number of points: \_\_\_\_\_

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## WHAT IS YOUR HEALTH ASSESSMENT SCORE?

### IF YOU SCORED...

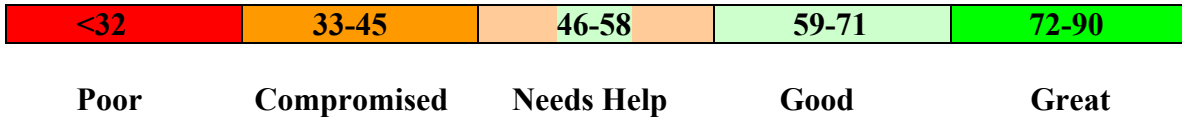
**72–90: your health portfolio is diversified and well-funded!** You are making wise decisions today which are an investment in your lifelong vitality and independence.

**59–71: you are making sound health investments.** Small improvements in the way you manage your health today can result in a longer, more energetic and independent future. Keep it up.

**46–58: your health investments could use some attention.** There are small but important steps you can take to make a difference right away, as well as better invest in your future.

**33–45: your state of health is compromised.** You would significantly benefit from learning how to make adjustments to your daily habits.

**32 or less: your health is seriously in the red.** Your state of health is poor. If you are 55 or younger the choices you are making are compromising your health today as well as your future ability to remain independent. This is the time to act! If you're not doing so already, consult with a physician or other health professional(s) in order to identify your risk areas and ways to address them.



Act today to improve your score and your health.  
Learn more on [www.joanvernikos.com](http://www.joanvernikos.com)

You do it for your finances, why not your health?