Thank you for participating in the LivingWell Lifestyle project for persons with Diabetes. In an effort to better serve you the LivingWell Lifestyle Program was created to support those in need of an integrative approach to health care. This coordinated effort provides you opportunity to experience a more comprehensive approach to health care. It is in no way meant to compromise or replace your existing health services, but rather to coordinate all clinical, wellness and community services. Note that your health services are not limited to doctors, but include any services that you utilize in your journey to optimize your health and well-being.

I use medical care or surgery to manage my health. ☐yes ☐no
In addition, the following services have been of interest to me:

PAST	PRESENT	FUTURE	
☐	☐	☐	Chiropractic
☐	☐	☐	Massage
☐	☐	☐	Stress or Pain Management
☐	☐	☐	Mindfulness Meditation
☐	☐	☐	Nutrition Counseling
☐	☐	☐	Homeopathy
☐	☐	☐	Psychologist/Counselor
☐	☐	☐	Support group
☐	☐	☐	Pastoral Services/Spiritual Healing
☐	☐	☐	Exercise/Fitness
☐	☐	☐	Acupuncture
☐	☐	☐	Yoga
☐	☐	☐	Reiki
☐	☐	☐	Other: specify _____

Thank you for taking the time to complete this whole person health intake. In doing so you are providing us invaluable information which will allow us to assist you in your journey to better health. Please fill out to the best of your ability.

Intake Form

Participant ID_____

How long have you had diabetes? _____

What is your major concern about diabetes? _____

Have you sought assistance for your problems? _____

What has been successful? What has not? _____

Now or in the past are you taking medications or in counseling for depression, anxiety or other emotional challenges (i.e. divorce, financial hardship, abuse, abandonment, or other tragic life experience)? _____

_____

Do you feel supported by family and friends? please explain: _____

_____

I consider myself (circle one)	intellectual	social	unique	independent
My mind is often (circle one)	clear	busy	dreamy	confused or burdened

Do you consider yourself spiritual and/or religious? Please explain: _____

What gives you a sense of purpose? _____

How does your purpose influence your life? _____

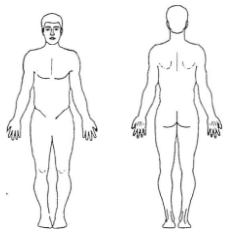
Do you have accessibility to a community or support system? Yes or No Please explain: _____

I have experienced the following conditions. Please check all that apply:

☐Heart Disease ☐Cancer ☐Diabetes ☐Chronic Pain ☐ Addictions

☐Surgeries: _____ ☐Medications: _____

☐ Other_____



Where does it hurt?

Current complaint of pain 1-10 and what percent of the time? _____

Are you often too busy to take care of yourself properly? If so, what occupies your time? _____

What area(s) do you feel you need assistance? ☐ Physical ☐ Mental ☐ Spiritual

Is your life balanced ? ☐ Yes ☐ No On a scale of 1-10, how ready are you to make lifestyle changes? _____

What sacrifices are you willing to make to improve your health and well-being? _____

30 Q: LivingWell Survey

How well are you? Please read the following statements and make an X as it applies to your life:

	Never	Rarely	Sometimes	Often	Always
1. I am well.					
2. I focus on the present moment.					
3. Faith is a part of my life.					
4. I consistently exercise good physical health.					
5. My life is balanced.					
6. My life is without guilt.					
7. I have meaning in my life.					
8. I am pain free.					
9. I do things that are good for me.					
10. I have hope for the future regardless of past failures.					
11. I find peace in nature and/or other creative expressions.					
12. I am interested in alternative healthcare options.					
13. I have healthy relationships.					
14. I replace negativity with positive thoughts.					
15. I participate in a spiritual or religious community.					
16. I sleep well.					
17. I make a positive contribution.					
18. I consider my opinions equally valid in comparison to others.					
19. I use music and/or art to lift my spirits.					
20. I am satisfied with my daily energy levels.					
21. I am content.					
22. I experience little anxiety and/or worry.					
23. I practice silence and solitude.					
24. I consume fruits and vegetables daily.					
25. I feel loved.					
26. I have good concentration and decision making skills.					
27. I am comfortable in social settings.					
28. My daily activities bring me joy.					
29. I am fearless.					
30. My life has little stress.					

Age _____ Occupation _____ Religious Background_____

Over all Health (circle one) Good Fair Poor **Education** (circle one) High School/GED College Post-Graduate NA

Marital Status (include number of marriages) _____ **I think I will live to be _____ years old.**

I have completed this intake and survey to the best of my ability and permit the results of this information to be used on my behalf as needed.

_____ _____

Signature **Date**

How Are You?

1. ARE YOU HEALTHY?

Very Unhealthy — Very Healthy

1 2 3 4 5 6 7 8 9 10

2. ARE YOU IN PAIN?

No Pain — Severe Pain

1 2 3 4 5 6 7 8 9 10

3. WHAT IS YOUR LEVEL OF FUNCTION?

Completely Unable to Function — Fully Functional

1 2 3 4 5 6 7 8 9 10

4. HOW WELL ARE YOU ABLE TO HELP YOURSELF AND/OR GET HELP?

No Resources — Unlimited Resources

1 2 3 4 5 6 7 8 9 10

5. WHAT IS YOUR OVERALL ATTITUDE ABOUT LIFE?

Mostly Negative — Mostly Positive

1 2 3 4 5 6 7 8 9 10

6. DESCRIBE YOUR USUAL THOUGHT PATTERN?

Very Disjointed and Unfocused — Very Clear and Focused

1 2 3 4 5 6 7 8 9 10

7. WHAT IS YOUR USUAL STRESS LEVEL?

Frequently Feel Very Stressed — Very Calm, Feel Little Stress

1 2 3 4 5 6 7 8 9 10

8. DO YOU FEEL LOVED?

Never — Always

1 2 3 4 5 6 7 8 9 10

9. DO YOU FEEL CONNECTED TO OTHERS?

Never — Always

1 2 3 4 5 6 7 8 9 10

10. DO YOU FEEL FULFILLED?

Never — Always

1 2 3 4 5 6 7 8 9 10