

QUESTIONS YOU CAN ASK DURING A WHOLE HEALTH VISIT

Whole Health Assessment is one of the key elements of personal health planning. Personal Health Inventories (PHIs) provide initial information about Mission, Aspiration, Purpose (MAP) and a general idea about how a person is doing with regards to each of the components of the Circle of Health. As you discuss the PHI with patients, you will help them select an area or areas they wish to focus on. The questions featured here will help you to explore their chosen areas in greater detail. Experiment with using some of these questions and develop questions of your own. *Note: None of these questions are questions you MUST ask; these are simply suggestions.*

AROUND THE CIRCLE OF HEALTH: POSSIBLE QUESTIONS

ME AT THE CENTER



- What do you want your health for?
- What REALLY matters to you in your life?
- What brings you a sense of joy and happiness?
- Tell me about yourself.
- Tell me your story.
- What are your goals for this visit?
- What are your expectations or hopes?
- Why are you here today?
- Share some of the important events in your life.
- What impact have your health care issues had on your life?
- What has your illness taught you?
- What does your intuition tell you caused this illness?
- Of all the things you have tried so far, what has been the most helpful to you for enhancing your health?
- What do you need to be healthier?
- What can you do, right now, to enhance your health?

MINDFUL AWARENESS



- Is there anything you have read, heard, or seen that seems relevant to your symptoms?
- What do you think are possible causes of your problem(s)?
- When you take a moment to tune into your **physical state**, right at this moment, what do you notice?
- When you take a moment to tune into your **emotional state**, right at this moment, what do you notice?
- When you take a moment to tune into your **state of mind**, right at this moment, what do you notice?

- Do you ever find yourself caught up in difficult emotions?
- How is your focus?
- How are you at noticing symptoms early on, before they become major health problems?
- Have any particular symptoms caught your attention recently?

***For more detail, consider having a person complete the [Five Facet Mindfulness Questionnaire \(FFMP\)](#).

SELF-CARE

SELF-CARE: GENERAL



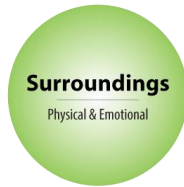
- What does good self-care mean to you?
- How well do you take care of yourself?
- How much time do you spend each day taking care of yourself?
- How do you know when you have done a good job of taking care of yourself?
- How do you take care of yourself compared to how you take care of others?

PERSONAL DEVELOPMENT



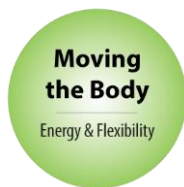
- What are your greatest strengths? What do you do well?
- What are you most proud of?
- What has enabled you to make it this far?
- What gives you the strength to take on life's burdens?
- What would help you to handle life's challenges better?
- Do you feel hopeful about the future?
- What makes you happy?
- What creative and artistic pursuits do you enjoy?
- Describe a typical day (at home or at work or both).
- Do you work outside the home? Where do you work?
- What sort of work did you do before you retired?
- How do you feel about the amount of time you work?
- Do you feel satisfied with your work?
- To what extent are you defined by our job?
- Do you have the job you want? If not, what is your ideal job?
- How do you feel about your finances?
- Are you studying or learning about anything right now?
- Do you volunteer or support charity?
- Do you practice gratitude?

SURROUNDINGS



- Where do you live?
- What is your living situation (house, apartment, homeless, etc.)?
- Is your living situation stable?
- Is your home clean and organized?
- Do you feel safe there? If not, what is unsafe?
- Who lives with you?
- Do you have any pets?
- If you could change things in your surroundings, what would they be?
- Do you live where you want to live?
- Where would you live if you could choose to live anywhere?
- Are you safe at work? Do you enjoy your workplace?
- Do you spend enough time in nature?
- Are you exposed to a lot of toxins or harmful chemicals?

MOVING THE BODY



- What kind of relationship do you have with your body?
- What activities do you enjoy? Have you ever tried yoga or tai chi?
- Do you exercise or move regularly?
- How have your activities benefited you?
- How do you feel about exercising?
- How active have you been in the past 30 days?
- Are you doing any strengthening activities?
- What do you do to maintain or improve your flexibility?
- Have you ever used a pedometer or other technology (phone applications, etc.) to support your physical activities?
- Have you ever worked with a physical or occupational therapist or a personal trainer?

FOOD AND DRINK



- Do you have any concerns that you believe are related to the way you eat?
- How would you describe your relationship with eating?
- Are you satisfied with your eating habits? Why or why not?
- What is typically your biggest meal?
- What are your favorite or comfort foods? What don't you like?
- What is the most important thing for me to know about the role food plays in your life?
- What is your eating pattern? How many meals do you eat a day, when do you eat them, and what do you typically eat during them?
- Do you ever skip a meal or fast? How often, and which meals?
- Do you follow a specific diet? What weight loss strategies have you used?

- How often do you eat out or eat fast food? What do you usually get?
- Who buys your groceries? Who prepares your food?
- Who participates in food choices and mealtime in your household?
- How much water do you drink in a day? Do you drink anything else regularly (e.g. sodas, alcohol, caffeinated drinks, juice, sports drinks)?
- Do you ever eat when you are not hungry?
- Do you ever wake up in the middle of the night and eat, or binge eat?
- Are you taking any dietary supplements, like herbals or vitamins? Why?
- Have you been eating more or less than normal? If yes, for what reason?
- Have you gained or lost weight recently? What is your usual weight?
- Sometimes hunger is physical, but it can also be emotional or mental. When you eat, what part of yourself are you feeding?
- Are you conscious of your cravings? What do you tend to crave and when?
- What factors influence how you choose your food?
- Do you do other things, like driving, working, or watching TV while eating?
- How do you feel in your body after eating (e.g. satisfied, stuffed, still hungry)? How do you feel emotionally (e.g. content, guilty, angry)?
- Do you have any food allergies, intolerances or sensitivities that you are aware of? What reactions have you noticed?
- How much of a role do you think what you eat plays in how you are feeling?

RECHARGE



- Are you satisfied with your energy level?
- What times of day are you most energized?
- When is your energy lowest?
- What activities energize you and leave you feeling refreshed?
- What drains or lowers your energy?
- When your energy is depleted, what do you do? Nap? Eat?
- How many hours of sleep do you usually get each night?
- Do you sleep well?
- Do you wake up feeling well rested?
- If you nap, can you sleep briefly and feel refreshed?
- Describe any issues you have with sleep.
- What have you tried to help you sleep better? Any medications or dietary supplements?
- Do you ever use Guided Imagery or other mind-body practices to fall asleep?
- Do you take breaks during your work day?
- Do you take vacations? How often? Are they enjoyable?

FAMILY, FRIENDS, & CO-WORKERS



- Do you get the support you need from your loved ones?
- How often do you share your feelings and thoughts with others?
- Is there someone you would like to have come with you to your health care appointments?
- Are you close to your blood relatives (parents, siblings, extended family, children)? How deeply are your family members involved in each other's lives?
- Who else is important to you in your life?
- Do you have a significant other? Do you feel supported by them?
- Do you have any children? What ages?
- Which relationships fulfill and/or strengthen you?
- What activities do you and your partner do together?
- Is anyone hurting you?
- Have you been hit, kicked, punched, choked, or otherwise hurt by a partner or loved one?
- If single: Are you satisfied with being single, and do you have the support you need in your life?
- Do you have friends or family members with whom you can talk about your health?
- Tell me about your closest friend. What do friendships mean to you?
- Has an illness of a loved one ever affected you?
- Who or what drains your energy? Can you change this?
- What do your partner and family think are the causes of your health issues?
- Are you sexually active?
- Are you satisfied with your sex life? Why or why not?
- How do you feel you do with communicating with others?

SPIRIT AND SOUL



- Do you have a sense of meaning and purpose? Where does that come from for you?
- What are your most important values?
- What does spirituality mean to you?
- Describe your spiritual beliefs.
- Were you ever involved in a faith community?
- What gives you strength during difficult times in your life?
- How much do you feel connected to nature, to living things?
- What is it that you love?
- What would your family and your friends say they find most wonderful about you?
- What is your personal gift that you bring to the world?
- What motivates you to fight for your health?
- What are your greatest challenges?

- Are you having any challenges with grieving?
- Are you having any problems related to addictions?
- How do you do with being able to forgive others? Yourself?
- Have you healed from traumatic experiences you experienced in the past?
- Are there specific practices or restrictions I should know about in providing your care?
- Do you have an advanced directive? A health care power of attorney?

POWER OF THE MIND



- What are the sources of stress in your life?
- Is your physical health a source of stress?
- Is your mental health a source of stress?
- Are you emotionally healthy? Do you ever have problems with anger, anxiety, or depression?
- Is money ever a source of stress?
- Is safety ever a cause of stress?
- Is the health of one or more of the people you are close to a source of stress?
- Are there particular people who cause you stress?
- How well do you manage stress in your life?
- What are your coping strategies?
- How do you relax?
- Do you meditate or follow another mind-body practice? How often do you use it? When you practice, what do you notice?
- If your tears could speak, what would they say?
- What words would help me to know what you are feeling right now?
- If you could change one non-physical thing about your life, what would it be?
- How much do you feel you can control your life experience?
- Do you have any habits or thought patterns that are challenging for you?
- Do you ever have thoughts of wanting to hurt yourself?
- Do nightmares or stress ever interrupt your sleep?

PROFESSIONAL CARE

PREVENTION AND TREATMENT



- When you think about your health, how often do you think about preventing diseases versus dealing with them after you start to have symptoms?

- To your knowledge, are you up to date on your screening tests, like mammograms, colon cancer screening, blood tests, and blood pressure screens?
- Are you getting regular physical exams?
- How do you feel about taking pills? Why?
- Do you miss medication doses or adjust them yourself?
- How do you feel about getting shots?
- What additional treatments do you think would be beneficial to you?
- Do you pay out of pocket for any treatments or therapies?

CONVENTIONAL AND COMPLEMENTARY APPROACHES

- What Complementary and Integrative Health (CIH) therapies have you tried in the past?
- What CIH therapies are you currently using (e.g., supplements, massage, acupuncture)?
- Have they been helpful?
- What dietary supplements are you taking, including vitamins, botanicals, or exercise aids?
- Of all the treatment approaches you have tried so far, which ones have helped the most?
- Do you tell your primary care provider about what therapies you are using?

COMMUNITY (INCLUDING TEAM MEMBERS)



- Who are your greatest supporters in times of need?
- Do you feel that you are in charge of your health care?
- Who do you want to have on your care team? Which friends or family members? Which clinicians?
- What would you like my role on your health care team to be?
- What groups or organizations do you belong to? Which ones are most important to you?
- Do you identify with a particular culture, race, or ethnic group?
- How connected do you feel to others in your life?
- Would you like our team to stay in communication with any of your friends or family members about your health?
- What community resources or programs do you use to support your health?
- Do you regularly attend community events, like going to the theater, festivals, or sports events?
- How do you give back to your community?

These questions are based, in part, on suggestions from a number of sources, including the following:

- The Personal Health Inventory (PHI) and other documents created by the VHA Office of Patient Centered Care and Cultural Transformation.
- Maizes V, Koffler K, Fleishman S. “The integrative assessment.” In: Rakel D, ed. *Integrative Medicine*. 2nd ed. Philadelphia, PA: Saunders Elsevier; 2007.
- Teutsch C. Patient-doctor communication. *Med Clin North Am*. 2003;87(5):1115-1145.
- Faculty and fellows-in-training at the University of Wisconsin Integrative Medicine Program.
- Education and clinical champions from the VHA Office of Patient Centered Care and Cultural Transformation.

RESOURCE LINKS

- [Five Facet Mindfulness Questionnaire \(FFMQ\)](https://ogg.osu.edu/media/documents/MB%20Stream/FFMQ.pdf):
<https://ogg.osu.edu/media/documents/MB%20Stream/FFMQ.pdf>

AUTHOR(S)

“Questions You Can Ask During a Whole Health Visit” was written by [J. Adam Rindfleisch](#), MPhil, MD (2014, updated 2017).

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