

***Feel Good Fitness: A Wellness Retreat for Body, Mind, & Spirit***  
**October 13-18, 2013**  
**Intake Form**

We are excited to learn more about you and this intake is just one of the ways you can help us in doing just that!

In the following pages you will find a variety of questions. Questions that range anywhere from what you typically eat for breakfast to what makes you smile inside and out.

We encourage you to answer these questions with full honesty. Try not to spend too much time focusing on your answer. Go with the first thing that comes to mind and the answer that is the most honest – the most brutally honest! Feel free to skip questions or to elaborate and add comments. And aim to keep your answers simple.

This intake is not only meant to help us get to know you better and gain insight into some of your ongoing daily habits and preferences, but it is also a great tool for you to get more in touch with ...you!

There are three main areas of focus: Fitness, Food & Nutrition and a Personal Profile. The questions are simple and often in a multiple choice format.

You will also find an additional section called Personal Homework. This, like all aspects of this intake, is purely optional. However, if you would like to enhance your overall experience we suggest you take a look at this section. We believe it holds a lot of value 😊

*Please note that any information you provide is voluntary and will be kept strictly confidential - shared only with the faculty of this class. Further, this information will not be used to diagnose, treat or prescribe.*

**Please return the Intake Form to:**

Omega Wellness Center  
150 Lake Drive  
Rhinebeck, NY 12572

**Or you may email it to:**

FeelGood@eOmega.org

***Ready? Let's go!***

## Fitness Profile

Do you consider yourself physically fit? Y N Somewhat Not Sure

Which best describes you (mark all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> don't exercise                              | <input type="checkbox"/> very active (exercise 4+ times/week)     |
| <input type="checkbox"/> lightly active (normal daily activities)    | <input type="checkbox"/> extremely active(exercise 6+ times/week) |
| <input type="checkbox"/> moderately active (exercise 3-4 times/week) | <input type="checkbox"/> sporadic and inconsistent                |

What types of cardio exercise, on average, do you engage in? (name 1-3):

-  
-  
-

Do you do resistance/weight training (using weights, bands)? Rarely Sometimes Often Always

If yes, how would you describe your level? light moderate heavy

Do you include stretching in your daily life? Rarely Sometimes Often Always

What types of physical activities do you enjoy doing?

Are there any physical activities that feel intimidating to you but you would like to try, or learn?

Do you get excited about being physically active/working out? Rarely Sometimes Often Always

Do you feel well educated on the health benefits of being physically active? Y N

If so, please name a few:

1  
2  
3

Are you more likely to need or desire... (mark all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> an easy-to-follow workout regime             | <input type="checkbox"/> a personal trainer                 |
| <input type="checkbox"/> a gym that offers classes, weights, machines | <input type="checkbox"/> a buddy for motivation             |
| <input type="checkbox"/> working out alone (gym, home, outside)       | <input type="checkbox"/> a goal                             |
| <input type="checkbox"/> being in nature for some/all of my exercise  | <input type="checkbox"/> a no-stress / spontaneous approach |

Other:

How do you feel after you exercise? (mark all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Tired          | <input type="checkbox"/> In pain       |
| <input type="checkbox"/> Energized      | <input type="checkbox"/> Weak          |
| <input type="checkbox"/> Successful     | <input type="checkbox"/> Less stressed |
| <input type="checkbox"/> More confident | <input type="checkbox"/> Unproductive  |

**Do you struggle with any of the following when considering exercise?** (mark all that apply)

- self discipline / follow-through
- lack of motivation / low energy
- boredom in routine
- embarrassment / intimidation / doubt
- ignorance / lack of information
- fear of injury / previous bad experience
- pain or discomfort (pre / post)
- distance of travel / inconvenience
- expense and associated costs
- time management: when to fit it in

**Do you supply yourself with enough nourishment before/after being active?**    Y        N        Not Sure    I try

**Do you supply yourself with enough hydration during/after being active?**    Y        N        Not Sure    I try

**Do any of the following apply to you:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Chest Pain          | <input type="checkbox"/> Frequent headaches     |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Dizziness/Fainting  | <input type="checkbox"/> Smoking (in last year) |
| <input type="checkbox"/> High Cholesterol    | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Swelling               |

**Do you have asthma or any other respiratory conditions?**    Y        N        \_\_\_\_\_

**Has your doctor ever said you have a heart condition?**    Y        N

**Are you currently taking medications prescribed by a physician?**    Y        N        \_\_\_\_\_

**Do you have any current or past injuries that could affect your ability to do physical activity?**    Y    N    \_\_\_\_\_

**Do you have any joint pain or arthritis?**    Y        N

**What is your.....**

Age: \_\_\_\_\_                                  Height: \_\_\_\_\_                                  Weight: \_\_\_\_\_

**Do you know your....**

resting heart rate: \_\_\_\_\_                                  target heart rate: \_\_\_\_\_                                  ideal max heart rate: \_\_\_\_\_

**Do you have any physical limitations or concerns that the fitness instructor should be aware of?**        Y    N

## **Food & Nutrition Profile**

**Which best describes you?** (mark all that apply)

- I eat 3 meals a day
- I eat multiple mini-meals throughout the day
- I eat only 1-2 meals a day
- my eating is sporadic / inconsistent
- I eat fast food at least 1-3 times a week

**How would you rate the quality of your daily food intake on a scale of 1-10** (10 being extremely healthful): \_\_\_\_\_

**In your opinion, what are 3 of the healthiest and worst foods you eat during an average week?** (specific or type):

Healthiest Foods

1

2

3

Worst Foods

1

2

3

**Which is your favorite meal?**                      Breakfast              Lunch              Dinner              All the same

**Which is your biggest meal?**                      Breakfast              Lunch              Dinner              All the same

**If you skip a meal it is usually:**                      Breakfast              Lunch              Dinner              Never skip

**Do you have a favorite snack food?** \_\_\_\_\_

**Which best describes you?** (mark all that apply)

I....

- like to eat a wide variety of food / try new things
- tend to eat the same meals weekly / am particular about food
- desire to change my eating habits
- wish I knew more about the different ways to prepare food / basic nutritional values

**Where do you most often shop for your groceries?** (mark the most common locations)

- Standard grocery store
- Standard with healthy choices
- Food warehouse
- Health Food store
- Farmers Market
- Other

**Are the items you purchase mainly** (mark the 3 -4 most common):

- Frozen
- Canned
- Boxed
- Bagged
- Pre-made/Processed
- Fresh
- Organic
- Whole
- Free-Range

**Do you read food labels?**    Rarely    Sometimes    Often    Always

**Do you choose items with mostly whole ingredients?**                      Rarely    Sometimes    Often    Always

**Do you look for calorie, fat, and/or sodium information?**                      Rarely    Sometimes    Often    Always

**On a scale of 1-10** (10 being all the time) **how much of your food is home-cooked using whole ingredients?** \_\_\_\_\_

**Do you experience strong food cravings?**                      Y              N              Sometimes

*If so, what for?* \_\_\_\_\_

**What are your standard food preparation practices** (mark the 1-5 most common):

- |                                     |                                     |   |                                    |
|-------------------------------------|-------------------------------------|---|------------------------------------|
| <input type="checkbox"/> deep fried | <input type="checkbox"/> stir fried | <input type="checkbox"/> sautéed        | <input type="checkbox"/> baked     |
| <input type="checkbox"/> boiled     | <input type="checkbox"/> steamed    | <input type="checkbox"/> grilled        | <input type="checkbox"/> broiled   |
| <input type="checkbox"/> roasted    | <input type="checkbox"/> rotisserie | <input type="checkbox"/> crock pot      | <input type="checkbox"/> microwave |
| <input type="checkbox"/> barbequed  | <input type="checkbox"/> raw        | <input type="checkbox"/> lightly cooked | <input type="checkbox"/> other:    |

**What flavors do you tend to enjoy** (circle all):    sweet / salty / bitter / sour / aromatic / spicy / bland

**Which best describes you?** (mark and circle all that apply)

- I generally prepare my meals (and enjoy it / don't enjoy it)
- I cook for others, including myself (and enjoy it / don't enjoy it)
- My food interests and/or goals are not the same as those I cook for (challenging / easy to manage)
- Someone else cooks for me (and I enjoy it / I don't enjoy it)
- I feel creative in the kitchen and cook by taste and intuition
- I (like /need) to follow recipes
- I feel challenged to create healthy and enjoyable meals

**When I eat, I am most often...** (mark all that apply and are most common):

- |                                   |                                      |   |
|-----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> relaxed  | <input type="checkbox"/> in the car  | <input type="checkbox"/> reading                  |
| <input type="checkbox"/> rushed   | <input type="checkbox"/> at work     | <input type="checkbox"/> on computer              |
| <input type="checkbox"/> standing | <input type="checkbox"/> watching TV | <input type="checkbox"/> sitting (alone / family) |

**After eating a meal, which best describes how you feel:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Energized      | <input type="checkbox"/> Tired / drowsy | <input type="checkbox"/> Discomfort             |
| <input type="checkbox"/> Well-nourished | <input type="checkbox"/> Full / bloated | <input type="checkbox"/> Constipation/ Diarrhea |
| <input type="checkbox"/> Still hungry   | <input type="checkbox"/> Unsatisfied    | <input type="checkbox"/> Other:                 |

**Which of these do you commonly consume more than 3 times a week?**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> beer                        | <input type="checkbox"/> diet soft drinks         | <input type="checkbox"/> fruit juice: fresh |
| <input type="checkbox"/> wine                        | <input type="checkbox"/> regular soft drinks      | <input type="checkbox"/> green tea          |
| <input type="checkbox"/> liquor                      | <input type="checkbox"/> sports drink             | <input type="checkbox"/> herbal tea         |
| <input type="checkbox"/> coffee: caffeinated / decaf | <input type="checkbox"/> fruit juice: concentrate | <input type="checkbox"/> black tea          |

**How many 8 oz glasses of water do you consume daily?**

- |                              |                              |                              |                                      |
|------------------------------|------------------------------|------------------------------|--------------------------------------|
| <input type="checkbox"/> 0-2 | <input type="checkbox"/> 3-5 | <input type="checkbox"/> 6-8 | <input type="checkbox"/> more than 8 |
|------------------------------|------------------------------|------------------------------|--------------------------------------|

**Do you make smoothies or juice from fruits/vegetables?**

Rarely    Sometimes    Often    Always

**Have you done a cleanse, detox, or fast within the last year?**

Y    N

**Are you Vegetarian?**

Y    N    Somewhat / I Try

**Are you Vegan?**

Y    N    Somewhat / I Try

**Do you follow any set food or dietary practices?**

Y    N    Explain:

**Do you have any food allergies?**

Y    N    Explain:

**Have you made changes to your diet in the last 1-3 years?**

Y    N    Explain:

**Do you have any chronic health conditions?**

Y    N    Explain:



## Personal Profile

Which best describes you:

I wake up feeling... (mark all that apply)

- |   |                                      |                                     |
|---|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> tired            | <input type="checkbox"/> calm        | <input type="checkbox"/> dehydrated |
| <input type="checkbox"/> well-rested      | <input type="checkbox"/> sore/achy   | <input type="checkbox"/> alert      |
| <input type="checkbox"/> overwhelmed/busy | <input type="checkbox"/> rejuvenated | <input type="checkbox"/> grumpy     |

I go to bed...(mark all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> watching TV             | <input type="checkbox"/> in the dark and quiet | <input type="checkbox"/> exhausted                 |
| <input type="checkbox"/> reading                 | <input type="checkbox"/> on a full stomach     | <input type="checkbox"/> clear-headed              |
| <input type="checkbox"/> with the stereo/ipod on | <input type="checkbox"/> hungry                | <input type="checkbox"/> thinking of my to-do list |

How many hours of sleep do you average per night? \_\_\_\_\_

How many good hours of sleep do you average per night? \_\_\_\_\_

When you look in the mirror, what are some of the first things you see and/or feel:

When you look in the mirror, what do you see – and *like*:

Which of these feelings and emotions can you identify with, more often than not? (mark any that apply)

- |                                      |  |  |                                       |
|--------------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> Agitation   | <input type="checkbox"/> Fatigue       | <input type="checkbox"/> Impatience      | <input type="checkbox"/> Stressed     |
| <input type="checkbox"/> Anger       | <input type="checkbox"/> Fear          | <input type="checkbox"/> Poor self image | <input type="checkbox"/> Unmotivated  |
| <input type="checkbox"/> Anxiety     | <input type="checkbox"/> Indifference  | <input type="checkbox"/> Sad             | <input type="checkbox"/> Vulnerable   |
| <input type="checkbox"/> Calm        | <input type="checkbox"/> Determination | <input type="checkbox"/> Happiness       | <input type="checkbox"/> Affectionate |
| <input type="checkbox"/> Confidence  | <input type="checkbox"/> Enthusiasm    | <input type="checkbox"/> Joy             | <input type="checkbox"/> Patience     |
| <input type="checkbox"/> Contentment | <input type="checkbox"/> High energy   | <input type="checkbox"/> Inspiration     | <input type="checkbox"/> Relaxed      |

What are some of the most common contributors to your stress/frustration? (mark any that apply)

- |                                   |   |  |
|-----------------------------------|---|--|
| <input type="checkbox"/> Job      | <input type="checkbox"/> Home               | <input type="checkbox"/> Primary relationship        |
| <input type="checkbox"/> School   | <input type="checkbox"/> Future planning    | <input type="checkbox"/> Friendships                 |
| <input type="checkbox"/> Finances | <input type="checkbox"/> Social engagements | <input type="checkbox"/> Family (child/parent/other) |
| <input type="checkbox"/> Health   | <input type="checkbox"/> Holidays/Birthdays | <input type="checkbox"/> Other:                      |

What actions do you usually engage in to counterbalance any of the above? (mark all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Talk with friends/family | <input type="checkbox"/> Exercise/Move | <input type="checkbox"/> Consume alcohol     |
| <input type="checkbox"/> Therapy                  | <input type="checkbox"/> Get creative  | <input type="checkbox"/> Avoid it / distract |
| <input type="checkbox"/> Cry/Scream               | <input type="checkbox"/> Meditate      | <input type="checkbox"/> Sleep               |
| <input type="checkbox"/> Journal                  | <input type="checkbox"/> Eat           | <input type="checkbox"/> I don't know really |

**What do you get excited about, feel grateful for and/or look forward to? (mark all that apply)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> time with family   | <input type="checkbox"/> cooking        | <input type="checkbox"/> work                 |
| <input type="checkbox"/> time with friends  | <input type="checkbox"/> gardening      | <input type="checkbox"/> volunteering         |
| <input type="checkbox"/> time alone         | <input type="checkbox"/> being outside  | <input type="checkbox"/> community activities |
| <input type="checkbox"/> a good book        | <input type="checkbox"/> working out    | <input type="checkbox"/> book club            |
| <input type="checkbox"/> going on vacations | <input type="checkbox"/> being creative | <input type="checkbox"/> sport club           |
| <input type="checkbox"/> shopping           | <input type="checkbox"/> meditating     | <input type="checkbox"/> other (specify):     |

**What is/was your occupation:** \_\_\_\_\_ Full-Time /Part-Time /Student /Retired

**Do you like / enjoy your job?** Y N Sometimes  
**Your Co-workers?** Y N Sometimes

**Do you think about your job outside of work?** Y N If so, how much? \_\_\_\_\_

**Other than financial gain, how do you benefit in your current job? How has it helped you in other ways?**

**Do you engage in any volunteer work?** Y N \_\_\_\_\_

**Do you have a daily spiritual practice and/or meditate?** Y N I try

**Which would you like to do more of? (mark any that apply)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Travel                 | <input type="checkbox"/> Entertain       | <input type="checkbox"/> Time in community |
| <input type="checkbox"/> Spend time with family | <input type="checkbox"/> Relax           | <input type="checkbox"/> Volunteer         |
| <input type="checkbox"/> Be active              | <input type="checkbox"/> Be in nature    | <input type="checkbox"/> Be adventurous    |
| <input type="checkbox"/> Learn something new    | <input type="checkbox"/> Be creative     | <input type="checkbox"/> Listen to music   |
| <input type="checkbox"/> Meet new people        | <input type="checkbox"/> Cultural events | <input type="checkbox"/> Read              |

Other: \_\_\_\_\_

**Choose a few from above and briefly expand on them.** If travel - where? If relax more – in what ways? Meet new people – what kind? Cultural events - opera? Be creative – what form? Keep your answers simple.

1

2

3

**When you have down time, are you more likely to? (mark any that apply)**

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> Watch TV    | <input type="checkbox"/> Get online        | <input type="checkbox"/> All of the above |
| <input type="checkbox"/> Read a book | <input type="checkbox"/> None of the above | <input type="checkbox"/> Other:           |

**Which style of creativity are you most drawn toward? (mark all that apply)**

- |                                |                                  |                                 |
|--------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> Art   | <input type="checkbox"/> Dance   | <input type="checkbox"/> None   |
| <input type="checkbox"/> Music | <input type="checkbox"/> Theater | <input type="checkbox"/> Other: |



**A fun evening at home for me looks like:**

**A fun night/day out for me looks like:**

**Do you feel confident trying new things?** Rarely Sometimes Often Always

**Do you put your self in situations to learn new things?** Rarely Sometimes Often Always

**Do you have any hobbies or primary interests? :**

**What are 1-6 things on your "experience wish list" (or "bucket list")?** Name things that you desire or aspire to do but have not done yet. *Is it travel, run a marathon, learn a language, perform, have an art opening, fly a kite, begin a charity, study a new style of dance, take a self-defense class, sky dive, hike Mt. Everest?.....you name it!*

1	4
2	5
3	6

**If/when you travel, which of these are your preference?** *(mark all that apply)*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Solo                   | <input type="checkbox"/> Group tour                     | <input type="checkbox"/> Pre-planned package |
| <input type="checkbox"/> With family            | <input type="checkbox"/> With friends                   | <input type="checkbox"/> Research on my own  |
| <input type="checkbox"/> On a shoestring/budget | <input type="checkbox"/> Not to cheap, not to luxurious | <input type="checkbox"/> Other               |
| <input type="checkbox"/> Pampered/luxury        |   |  |

**Using just a few words and the first thing to come to mind, what are 3-6 great things about you that you love?**

1	4
2	5
3	6

***And what are a few of your personal challenges and/or obstacles?***

1	3
2	4

**Describe yourself in a short sentence (10 - 12 words):**

**Describe your life in a short sentence (10 - 12 words):**

What is the first thing that comes to mind with these questions? Try and limit your response to 1-3 words.

*What are you passionate about?*

*What are you most grateful for?*

*What gives your life meaning?*

*What makes you smile/have heartfelt emotion?*

*Where do you find inspiration?*

*What is your greatest skill/talent?*

Intention creates change. *What do you want to let go of, what is no longer serving you?*

In 5 sentence or less what would your 'priceless' Mastercard-style commercial be?

## Personal Homework Project

### This I Believe

Some of you may be familiar with the *This I Believe* radio program hosted by Edward R. Murrow in the 1950s that featured illuminating essays by such renowned individuals as Helen Keller, Eleanor Roosevelt and Jackie Robinson. It also featured many other essays by scientists, Hollywood stars, housewives, cab drivers and corporate leaders. These essays provided an opportunity for these individuals to share their creed - the guiding principle by which they lived. The program ended and was picked up more than 40 years later and broadcasted by NPR between 2005 and 2009. Numerous newspapers and magazines participated as well, and *This I Believe* has continued to be widely popular among teachers to help guide their students exploring their own beliefs.

We invite you to explore your own *This I Believe* essay. Though we have no affiliation with the program and your essay will not be submitted nor broadcast (except perhaps with your family, friends or even in our class, if you choose!), we encourage you to take some time and discover more about your own values and beliefs. If anything, we certainly encourage you to listen to any of the wonderful essays available on the website.

The guidelines for creating your own *This I Believe* essay are shared below and can also be found on the *This I Believe* website: [thisibelieve.org](http://thisibelieve.org)

### Guidelines

**Tell a story:** Be specific. Take your belief out of the ether and ground it in the events of your life. Consider moments when belief was formed or tested or changed. Think of your own experience, work, and family, and tell of the things you know that no one else does. Your story need not be heart-warming or gut-wrenching—it can even be funny—but it should be *real*. Make sure your story ties to the essence of your daily life philosophy and the shaping of your beliefs.

**Be brief:** Your statement should be between 350 and 500 words. That's about three minutes when read aloud at your natural pace.

**Name your belief:** If you can't name it in a sentence or two, your essay might not be about belief. Also, rather than writing a list, consider focusing on one core belief, because three minutes is a very short time.

**Be positive:** Avoid preaching or editorializing. Speak to what you do believe, not what you don't believe. Avoid speaking in the editorial "we." Make your essay about you; speak in the first person.

**Be personal:** Write in words and phrases that are comfortable for you to speak. Read your essay aloud to yourself several times, and each time edit it and simplify it until you find the words, tone, and story that truly echo your belief and the way you speak.

**Have a great time!** 😊