

The Muse Challenge

8 weeks to a more brilliant you!

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

D.O.B. _____ Age _____ Gender _____

Occupation _____ Level of Satisfaction with Work (scale 1-10) _____

Children? (Sex/Ages) _____

Current Health Concerns: _____

What word describes your relationship with food? _____

List any symptoms you experience in your body on any given day: _____

Current Weight _____ Ideal Weight _____ Height _____

Exercise (types/how often/how long?) _____

What time do you go to bed? _____ How long does it take for you to fall asleep? _____

What time do you wake up? _____ Do you feel rested when you wake up? _____

How much sunlight do you get each day? _____

How happy are you with life in general? (scale 1-10) _____

Relationship Status _____ Are you in a romantic relationship? _____

If so, are you happy? _____ If not, do you wish you were in a romantic relationship? _____

Are you fulfilled at work? _____ Do you feel financially healthy? _____

What is your current level of stress? (scale 1-10) _____ Energy level? (scale 1-10) _____

What are your interests, hobbies, passions? _____

Moods you frequently experience: (mark all that apply)

_____ tired _____ happy _____ sad _____ frustrated _____ angry _____ scared

_____ inspired _____ grateful _____ hopeful _____ lonely _____ guilty/regretful

_____ anxious _____ loved _____ empowered _____ dreadful _____ content _____ excited

How often do you...

Socialize with friends? Yearly Monthly Weekly Daily Never

Relax/Self-Pamper? Yearly Monthly Weekly Daily Never

Engage in Sexual Activity Yearly Monthly Weekly Daily Never

Are you satisfied? _____

What's missing from your life? _____

Do you express yourself **creatively**? _____ How? _____

Are you able to express yourself **freely**? _____ If no, why not? _____

At what point in life did you feel your best? _____

If you could change **one thing** about your life/health/look, what would it be? _____

Is there anything that would keep you from giving your full attention to yourself during this challenge? _____ If yes, please explain. _____

What do you hope to get from The Muse Challenge? _____

Thank you for completing this assessment form.

Client Signature _____

Date: _____