Please make your own copy of the questionnaire to fill out your answers.

Here's how:

- Click on File in the top-left corner of the menu.
- Select Make a Copy from the dropdown menu.
- Save the copy to your own Google Drive or download it to your device.

This ensures the original document stays blank for everyone else. 😊

Body Whispers Workshop Questionnaire - March 2025

This is designed to help you uncover the hidden connections between your symptoms and your body's systems. By reflecting on key areas like digestion, liver health, stress, boundaries, and more, you'll gain deeper insights into how your body communicates its needs.

This tool is the first step in reconnecting with your body's wisdom, helping you identify patterns, understand root causes, and take meaningful steps towards healing. It's not just about rating symptoms—it's about learning to listen to your body's whispers.

📝 RATING GUIDE
Rate each statement from 1-10
1 = Never/Not at all
10 = Always/Severely

NUTRITIONIST
Nicky Halliday
AND
NATURAL CHEF

NUTRITION & EATING PATTERNS

1. I eat regular balanced meals
2. I drink 1-2 litres of water daily
3. I eat plenty of vegetables
4. I eat fresh fruits regularly
5. I include whole foods in my meals
6. I prepare home-cooked meals
7. I eat mindfully and slowly
8. I enjoy a variety of foods
9. I listen to my hunger signals
10. I feel satisfied after meals
11. I binge eat
12. I eat to soothe emotions
13. I eat when not physically hungry
14. I feel guilty around food
15. I eat lots of processed foods
16. I eat lots of sugary food

Overall rating of your nutrition patterns: ___ /10
Overall rating of your relationship with food: ___ /10

LIVER HEALTH & TOXIC LOAD

1. I eat organic food
2. I avoid artificial fragrances and scented candles
3. I use natural cleaning products
4. I use natural personal care products
5. I drink filtered water
6. I have mercury fillings
7. I have had root canals
8. I consume alcohol
9. I experience sensitivity to alcohol
10. I experience morning fatigue
11. I experience skin breakouts
12. I feel sensitive to chemicals/fragrances
13. I experience headaches
14. I struggle with detoxification

15. I have taken lots of medications in my life
16. I smoke or have smoked a lot in the past

Overall rating of your liver health: ___ /10

DIGESTIVE/GUT HEALTH
1. I experience bloating after meals
2. I experience diarrhea
3. I experience constipation
4. I experience acid reflux/heartburn
5. I experience undigested food in stools
6. I experience food sensitivities
7. I experience gas or cramping
8. I experience irregular bowel movements
9. I experience variable appetite
10. I experience dissatisfaction after meals
11. I have taken many antibiotics in my life

Overall rating of your digestive health: ___ /10

INFLAMMATION
1. I experience joint stiffness
2. I experience muscle pain
3. I experience body pain
4. I experience swelling
5. I experience skin issues
6. I experience digestive inflammation
7. I experience headaches
8. I experience sinus congestion
9. I experience puffiness
10. I experience slow healing

Overall rating of your inflammation levels: ___ /10 (the lower the better on this one)

BRAIN HEALTH
1. I maintain mental clarity

2. I focus easily
3. I remember information well
4. I learn new things easily
5. I feel mentally sharp
6. I maintain emotional balance
7. I sleep restfully
8. I wake feeling clear
9. I process information well
10. I stay present
11. I experience brain fog
12. I experience poor concentration
13. I experience memory issues
14. I experience mental fatigue

Overall rating of your brain health: ___ /10

HORMONAL HEALTH
For everyone:
1. I experience hot flushes
2. I experience night sweats
3. I experience mood swings
4. I experience weight changes
5. I experience skin changes

For those with a menstrual cycle:
6. I have regular cycles
7. I experience PMS
8. I experience menstrual pain
9. I experience heavy bleeding
10. I experience irregular cycles

Overall rating of your hormonal health: ___ /10

CARDIOVASCULAR HEALTH
1. I exercise regularly
2. I maintain good circulation
3. I breathe deeply and fully

4. I maintain healthy blood pressure
5. I recover quickly from exercise
6. I maintain good stamina
7. I walk regularly
8. I feel energetic
9. I sleep in a regular cycle
10. I maintain healthy movement
11. I experience shortness of breath
12. I experience chest tightness
13. I experience dizziness
14. I experience rapid heartbeat

Overall rating of your cardiovascular health: ___ /10

IMMUNE HEALTH
1. I recover quickly from illness
2. I maintain strong immunity
3. I heal wounds quickly
4. I rarely get infections
5. I maintain good energy
6. I handle seasonal changes well
7. I maintain healthy digestion
8. I feel resilient
9. I bounce back easily
10. I catch colds easily
11. I experience frequent infections
12. I experience swollen lymph nodes
13. I feel run down often

Overall rating of your immune health: ___ /10

ENERGY & METABOLISM
1. I wake up feeling refreshed
2. I maintain steady energy
3. I maintain healthy weight
4. I lose weight easily when trying
5. I have good morning energy

6. I feel energized after meals
7. I experience afternoon crashes
8. I gain weight easily
9. I struggle to lose weight

Overall rating of your energy & metabolism: ___ /10

STRESS & NERVOUS SYSTEM
1. I handle daily challenges with ease
2. I maintain calm under pressure
3. I breathe deeply and fully
4. I take regular breaks
5. I feel grounded in my body
6. I recover well from stress
7. I maintain healthy boundaries
8. I practice relaxation regularly
9. I feel emotionally balanced
10. I sleep restfully
11. I experience anxiety
12. I feel overwhelmed easily
13. I experience racing thoughts
14. I hold tension in my body
15. I have addictions
16. I had a stressful childhood
17. I've suffered a lot of trauma in my life
18. I've dealt with a lot of that stress and trauma

Overall rating of stress and your nervous system: ___ /10

LIFESTYLE & MINDFUL PRACTICES
1. I practice daily meditation
2. I spend time in nature
3. I move my body daily
4. I maintain dental health
5. I practice mindful eating
6. I get regular sunlight
7. I maintain healthy sleep

8. I take regular breaks
9. I breathe consciously
10. I practice gratitude
11. I rush through my day
12. I feel disconnected from nature
13. I skip self-care practices
14. I struggle with daily routines

Overall rating of your lifestyle practices: ___ /10

BOUNDARIES & SELF LOVE
1. I honor my needs
2. I make time for self-care
3. I speak my truth
4. I set clear boundaries
5. I value my own time
6. I practice self-compassion
7. I prioritize my wellbeing
8. I ask for help when needed
9. I maintain healthy relationships
10. I trust my decisions
11. I truly love and accept myself
12. I struggle to say no
13. I put others first
14. I feel guilty setting boundaries
15. I overextend myself

Overall rating of your boundaries & self-love: ___ /10

HEART-CENTERED LIVING
1. I follow my passions
2. I express my creativity
3. I trust my inner wisdom
4. I do what I love daily
5. I feel inspired regularly
6. I share my gifts with others
7. I feel connected to my purpose

8. I embrace new experiences
9. I feel joy in my work
10. I live authentically
11. I hold back my true self
12. I doubt my creative abilities
13. I suppress my desires
14. I fear judgment from others

Overall rating of your heart-centered living: ___ /10

BELIEFS
(Tune into your body's wisdom as you read each statement)

• I believe I am worthy of setting healthy boundaries
• I trust my body's wisdom and signals
• I feel deserving of health and wellbeing
• I believe in my ability to heal and transform
• I give myself permission to prioritize my needs
• I feel confident expressing my needs to others
• I trust my intuition when making health decisions
• I believe I am capable of making positive changes
• I feel worthy of investing time in self-care
• I recognize and honor my body's limits
• I feel past experiences are holding me back from healing
• I find myself repeating patterns that don't serve my health
• I struggle with believing I can maintain positive changes
• I worry about what others think of my health choices
• I feel my health challenges are too complex to overcome
• I believe I need to be "perfect" with my health routine

1. What were your main discoveries today?
2. Which body systems are asking for more attention?
3. What patterns did you notice?

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4. What steps would you like to take next?