



HOLISTIC HARMONY
—WELLNESS—
BALANCE YOUR BODY. EMPOWER YOUR MIDLIFE

MIDLIFE WELLNESS QUESTIONNAIRE

A Simple Wellness Reflection for Women in Perimenopause and Menopause

Understanding Creates Confidence™

Holistic Harmony Wellness

Founder: Beverly Christie

holistichw2024@gmail.com

www.holisticharmonywellness.com

*Complete this questionnaire honestly and thoughtfully.
There are no right or wrong answers.*

Welcome

If you've found yourself wondering why your body feels different, why your energy isn't what it used to be, or why things that once worked no longer seem to help — you're not alone.

This questionnaire was created to help you pause, reflect, and begin recognising patterns that may be influencing how you feel. There are no right or wrong answers. This is simply a space for honest reflection — and a first step toward greater understanding.

My hope is that it helps you feel a little more understood, and a little less overwhelmed.

— Beverly Christie
Founder, Holistic Harmony Wellness

Perimenopause and menopause are significant hormonal transitions that can affect nearly every area of your wellbeing — your energy, your sleep, your weight, your mood, your digestion, and even your sense of self. Many women in this season of life find themselves managing a collection of changes they never expected, often without a clear explanation for why they are happening.

This questionnaire is not a medical assessment. It is a wellness reflection — a structured way to pause, take stock of how you have truly been feeling, and begin to recognise the patterns in your experience.

Understanding Creates Confidence™

- **Awareness often comes before change.** You cannot change what you cannot see. This questionnaire helps you see your patterns clearly.
- **Understanding patterns reduces confusion.** When you can name what is happening, it stops feeling random. A pattern has a reason — and a reason has a solution.
- **Understanding reduces self-blame.** Many of the changes you are experiencing are driven by hormonal shifts, not personal failure. Understanding this is profoundly freeing.
- **Confidence grows from understanding.** When women truly understand what is happening in their bodies, they stop feeling broken and start feeling capable. That is where meaningful change begins.

What This Questionnaire Is

- A wellness awareness and reflection tool designed for women in perimenopause and menopause

- A way to identify patterns across energy, sleep, mood, digestion, weight, and your sense of self
- A starting point for a meaningful conversation during your complimentary Discovery Call
- An opportunity to feel genuinely heard and supported on your midlife wellness journey

What This Questionnaire Is Not

- A medical assessment or diagnostic tool
- A replacement for medical advice or the care of a qualified healthcare professional
- Designed to diagnose, treat, or cure any condition
- The TrueView Health Insights Assessment — that is a separate, proprietary HHW tool

How to Complete This Questionnaire

1. **Complete all sections.** Work through each section from beginning to end.
2. **Answer honestly.** There are no right or wrong answers. This is your personal reflection.
3. **Reflect on the past 3–6 months.** Base your answers on how you have been feeling recently, not just today.
4. **Select Yes, Sometimes, or No.** Choose the response that best describes your experience.
5. **Take your time.** Most women complete this questionnaire in approximately 5–10 minutes.

How to Return Your Questionnaire

1. Save your completed questionnaire as a PDF.
2. Attach the completed PDF to an email.
3. Send your email to: **holistichw2024@gmail.com**
4. Use the subject line: **Midlife Wellness Questionnaire**
5. Beverly Christie will review your questionnaire before your complimentary Discovery Call.

A gentle reminder:

The purpose of this questionnaire is not to diagnose. It is to identify wellness patterns worth exploring further — so your Discovery Call can be as meaningful and productive as possible.

◆ YOUR INFORMATION

Please complete your contact details below. All information is kept confidential and used only to prepare for your Discovery Call.

Full Name

Email Address

Phone Number (optional)

Preferred Contact Method

Best Time to Reach You

What prompted you to complete this questionnaire today?

Please share as much or as little as you like:

SECTION 1 — ENERGY & VITALITY

		Yes	Some- times	No
1	I feel tired or fatigued for much of the day, even after a full night of sleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I experience a noticeable drop in energy in the mid-afternoon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I rely on caffeine (coffee, tea, energy drinks) to get through my day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I get a "second wind" late at night and find it hard to wind down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	My overall stamina and endurance feel significantly lower than they used to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2 — SLEEP & RECOVERY

		Yes	Some- times	No
6	I have difficulty falling asleep at night.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I wake during the night (often between 3–4am) and struggle to fall back asleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I do not feel rested or refreshed after a full night of sleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I experience restless legs or physical discomfort that disrupts my sleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Night sweats or hot flashes wake me during the night.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3 — WEIGHT & METABOLISM

		Yes	Some- times	No
11	I have noticed weight gain around my abdomen or midsection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I find it difficult to lose weight even when eating well and exercising.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	I experience cravings for sugar or sweets, particularly after meals or in the evening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	My energy drops sharply between meals and I feel shaky, irritable, or foggy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	My weight has shifted to new areas of my body where it never was before.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4 — STRESS & EMOTIONAL WELL-BEING

		Yes	Some- times	No
16	I feel anxious, nervous, or unsettled more than I used to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	I experience mood swings, irritability, or unexpected emotional intensity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	I feel overwhelmed by everyday demands and find it harder to handle stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	I have cried unexpectedly or felt emotionally fragile without a clear reason.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	I feel cynical, flat, or disconnected from things that once felt meaningful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 5 — DIGESTION & GUT HEALTH

		Yes	Some- times	No
21	I experience bloating or abdominal discomfort, particularly after meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	I deal with constipation, irregularity, or sluggish digestion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	My digestion alternates between constipation and looser stools.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	I have noticed increased sensitivity to foods I previously tolerated well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 6 — HORMONAL CHANGES & BODY SHIFTS

		Yes	Some- times	No
25	I experience hot flashes — sudden waves of heat — during the day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	I have noticed vaginal dryness or changes in intimate comfort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	I have experienced a decrease in my interest in sex or physical intimacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	I notice increased brain fog, forgetfulness, or difficulty concentrating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	I have noticed thinning hair, dry skin, or joint stiffness that feels new.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	My periods have become irregular, heavier, or have changed significantly (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 7 — LIFESTYLE & SELF-CARE

	Yes	Some- times	No
31 I regularly skip meals or eat irregularly throughout the day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32 I find it difficult to make time for movement, rest, or activities that recharge me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 I frequently put others' needs ahead of my own and feel I come last on my own list.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34 I find it difficult to set or maintain personal boundaries in my relationships or at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 I rarely take time to truly rest and recover between busy periods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36 I feel I have little to no support system for my health and wellbeing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

■ SECTION 8 — CONFIDENCE & SELF-TRUST

	Yes	Some- times	No
37 I feel less like myself than I did a few years ago.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38 I feel less confident in myself or my body than I used to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39 I feel disconnected from who I am or who I want to be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 I feel like I have lost my spark, drive, or sense of purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41 I feel discouraged because I have tried to make changes before and they have not lasted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42 I find it difficult to trust that meaningful change is possible for me at this stage of life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43 I have difficulty trusting my body's signals or knowing what my body truly needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44 I feel like my body is no longer responding the way it used to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Personal Reflection

Take a moment to reflect on what matters most to you. There is no right or wrong answer.

If you could improve one area of your health and well-being over the next six months, what would it be?

Please write your response in the space below:

Your Next Step

Thank you for taking the time to complete this questionnaire. The awareness you have built today is the beginning of something meaningful.

Beverly Christie would love to connect with you personally for a **complimentary Discovery Call** — a warm, no-pressure conversation where she will listen to your experience, help you make sense of the patterns you are noticing, and explore together what meaningful support might look like for you.

Book Your Complimentary Discovery Call

Email: holistichw2024@gmail.com

Subject: **Midlife Wellness Questionnaire**

Website: www.holisticharmonywellness.com

Beverly will review your completed questionnaire before your call so she can be fully prepared to support you.

Important Information & Disclaimer

For Educational and Informational Purposes Only

This questionnaire is provided for general wellness awareness and educational purposes only. It is not intended to constitute medical advice, diagnosis, treatment, or a clinical assessment of any kind.

Not a Medical or Diagnostic Tool

The Midlife Wellness Questionnaire is not designed to diagnose, treat, cure, or prevent any disease, medical condition, or hormonal disorder. The information gathered does not replace the advice or treatment provided by a qualified healthcare professional.

Please Consult a Healthcare Professional

If you have concerns about your physical or mental health, please consult your physician, nurse practitioner, or another qualified healthcare provider. This questionnaire is not a substitute for professional medical care.

Scope of Holistic Harmony Wellness

Holistic Harmony Wellness provides wellness coaching and education services. Beverly Christie is a wellness coach and educator — not a medical doctor, registered dietitian, or therapist. She does not diagnose, treat, prescribe, or provide clinical medical advice. Her services are educational, supportive, and coaching-based.

Confidentiality

All information shared through this questionnaire will be treated with complete confidentiality and used solely to prepare for your Discovery Call with Beverly Christie.

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