



# HOLISTICITYLIFE

## Travel Health Questionnaire

Name: \_\_\_\_\_

**1. Check to indicate health:**

- Extremely healthy                       Very Healthy                       Moderately healthy  
 Slightly healthy                       Not healthy at all

**2. What are your goals as they pertain to health, wellness, and fitness?**

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**3. What is your current activity level?**

- Extremely Inactive                       Inactive                       Moderately Active  
 Very Active                       Extremely Active

**4. How many days per week do you exercise?**

- None                       1                       2-3  
 4-5                       Everyday

**5. What activities do you do?**

- None                       Hiking                       Running  
 Swimming                       Walking                       Dance  
 Pilates                       Dance/Movement                       Yoga  
 Yard/Housework                       Gym (Machines, aerobic classes, weight training)

**6. Do you know of any reason why you should not do physical activity on this retreat/vacation?**

- Yes                       No

**7. If you answered yes to question 6 and/or have any conditions/special limitations (i.e., joint injuries, recent surgeries, disease, etc.) that can be made worse by any activities on this retreat/vacation; please describe in detail.**

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**8. Do you have any allergies?**

- |                                  |                                  |                                    |
|----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Eggs    | <input type="checkbox"/> Gluten  | <input type="checkbox"/> Tree nuts |
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> Wheat   | <input type="checkbox"/> Milk      |
| <input type="checkbox"/> Soy     | <input type="checkbox"/> Seafood |                                    |

**9. What dietary plan do you desire on this retreat/vacation?**

- |                                                                    |                                      |                                     |
|--------------------------------------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Vegan                                     | <input type="checkbox"/> Raw         | <input type="checkbox"/> Vegetarian |
| <input type="checkbox"/> Paleo                                     | <input type="checkbox"/> Pescetarian | <input type="checkbox"/> Fruitarian |
| <input type="checkbox"/> Clean but includes fish,<br>beef and fowl |                                      |                                     |

**10. What personal goals are you hoping to achieve from this retreat/vacation? (Select all that apply)**

- |                                                          |                                                                          |                                                              |
|----------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Stress and anxiety<br>reduction | <input type="checkbox"/> Mental Renewal: positive<br>mood and motivation | <input type="checkbox"/> Rest and relaxation                 |
| <input type="checkbox"/> Weight loss                     | <input type="checkbox"/> Improve physical fitness                        | <input type="checkbox"/> Kick-start a healthier<br>lifestyle |
| <input type="checkbox"/> Spiritual meditation            |                                                                          |                                                              |

**11. What modalities would you like included during the retreat/vacation?**

- |                                        |                                      |                                               |
|----------------------------------------|--------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Yoga          | <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Massage              |
| <input type="checkbox"/> Reiki Healing | <input type="checkbox"/> Meditation  | <input type="checkbox"/> Homeopathic Medicine |
| <input type="checkbox"/> Coaching      |                                      |                                               |

**12. What activities would you like to participate in during the retreat/vacation?**

- |                                                             |                                       |                                                  |
|-------------------------------------------------------------|---------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Hiking                             | <input type="checkbox"/> Tubing       | <input type="checkbox"/> Nature Walks            |
| <input type="checkbox"/> Cooking Demonstrations<br>Sessions | <input type="checkbox"/> Zip lining   | <input type="checkbox"/> Tours                   |
| <input type="checkbox"/> Biking                             | <input type="checkbox"/> Water Sports | <input type="checkbox"/> Horseback Riding        |
|                                                             | <input type="checkbox"/> Golf         | <input type="checkbox"/> Fishing & Boat Charters |