



THE 360° VIEW

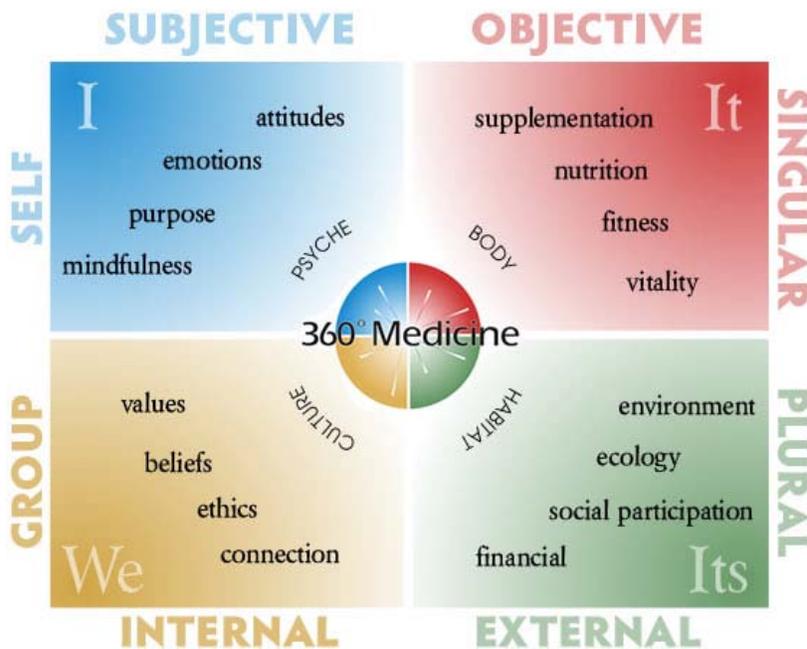
We view health and healing as a function of the person's aliveness within all four domains of being. Weakness, lack of presence or diminished responsibility in any of these dimensions can lead to illness. In diagnosing or treating patients we consider the whole person in all domains.

PSYCHE: *internal knowledge, motivation and self-awareness.*

One's inner experience has a lot of influence on both chronic and acute disease, as well as, increasing well-being and vitality. Our attitudes, thoughts, concerns, emotions, gratefulness, passion, confidence, feeling sufficient, as well as, the healing of past traumas and opening to denied shadow aspects of self, all support our health. Our intentions, expectations, co-creative imagery, affirmations and visualization support breakthrough health transformation. Our purpose, calling, and the future we are living into can generate increasing vital energy. Our personal practices, meditation, mindfulness, breathwork, our deepening connection with universal being, are the ground upon which healing and well-being grow. We advise all clients to engage these distinctions in a healthy and positive manner as part of a whole-being health plan.

BODY: *what most people think of as healthcare, data driven.*

This is the physical exam, blood pressure, heart rate, weight, lab tests, ultrasound, x-rays, etc. The external measurable aspect of ourself - our body and our behaviors. Metabolism, supplements, a healthy diet, exercise, appropriate medication, and bodywork are all part of this domain of being. Essential health habits in this quadrant include avoiding smoking, regular exercise and eating at least five servings of fruits and vegetables per day. We advise all clients to engage these distinctions in a healthy and positive manner as part of a whole-being health plan. We work with clients to balance these treatments so that this domain of health is not reduced in importance (as contrasted with the other three domains), nor is it elevated to exclusive or singular importance.



CULTURE: *relationships at home, work and school.*

Who we are in the groups we are embedded within and whether we feel supported by the groups or marginalized has a strong effect on our general health and well being. Our sense of belonging, of feeling like we are in the appropriate place, our reputation and our sense of morality and ethics can either support or compromise vital health. Engaging with and bringing presence and responsibility to both our inherited cultural identity and the meaning we create for our lives with others is integral to a healthy life. As we grow, our *circle of care* - those for whom we care - expands from just our own self, to our immediate family, to our community, to our nation, to the whole world and beyond. Serving this evolutionary growth creates even more vital energy and breakthrough health.

HABITAT: *the environment and its effects on health.*

Clean air, clean water, toxins, mold, dust, etc.; as well as, our socioeconomic system and the resources available for healthcare are all elements that affect our well-being. If we ignore these systems while addressing our health, we can find it quite difficult to make headway and keep the increased health we may have developed over the long haul. Correlatively, if we do engage these dimensions and make appropriate changes, our health increases can be more easily stabilized. Our well being and health does not exist separate from the environment within which we live. Everything is interconnected and co-causal. Thus we encourage clients to bring awareness and responsibility to these dimensions as an integral part of their health plan.

ADULT INTEGRAL HEALTH ASSESSMENT

The questionnaire is divided into sections, each focusing on a particular area of your overall health and well-being. You will get the most out of this exercise if you are able to be truly honest with yourself in choosing responses to the questions below. The goal of this questionnaire is not to get a high score, but rather to reflect on how you are living your life and where productive changes might be made. This assessment is meant to be used as a tool for your own self-awareness and is not intended to judge you in any way. It can help us to understand some of your preferences as well as areas that may be in need of further attention and embodiment. At the end of the questionnaire you will transfer your totals for each section to the scoring sheet and we will see your overall patterns. This assessment takes approximately 30 minutes to complete.

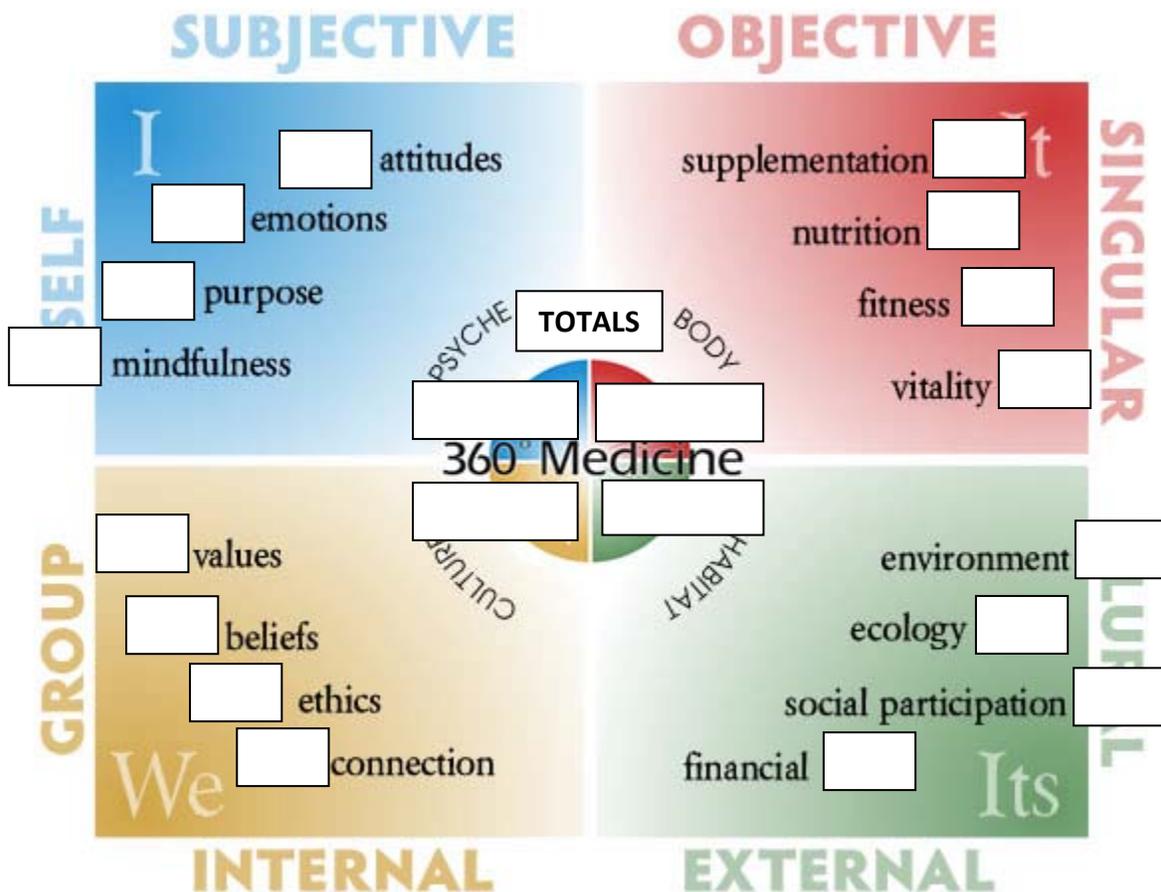
Respond to each question with a number from 0 to 4.

0 = No/Never/Hardly ever 1 = Seldom 2 = Occasionally 3 = Frequently 4 = Yes/Always/Regularly

In addition, respond to each question with a letter from A to E.

A = Disagree with statement B = Don't understand/No opinion C = Strongly desire higher score
D = Moderately desire higher score E = Satisfied with my score

After completing the test below, tabulate your numerical scores from each area on this diagram. Then, calculate your totals for each of the four quadrants.



BODY: Upper Right Quadrant

SUPPLEMENTATION

- /___ Do you take supplements to compensate for a food supply that is depleted in vitamins and nutrients?
 - /___ Do you use periodic laboratory or energetic testing to guide your supplementation or medication regimen?
 - /___ Do you take nutritional supplements to aide in the removal of toxins from the body?
 - /___ Do you use cleanses, saunas or colonics to detoxify the body?
- Total Numerical Score ___

BEHAVIOR

- /___ Are you free of any drug or alcohol dependency, including nicotine and caffeine?
 - /___ Do you wear a helmet when on skis, a bicycle or a motorcycle?
 - /___ Do you observe speed limits and always wear your seatbelt?
 - /___ Do you avoid using your cell phone while driving?
- Total ___

NUTRITION

- /___ Do you eat colorful, organic, whole foods and avoid commercially processed and genetically modified foods?
 - /___ Do you avoid eating corn fed meats and fish, only considering organic, grass fed meats and wild fish?
 - /___ Do you avoid hydrogenated oils and pasteurized or homogenized dairy products?
 - /___ Do you eat only a modest amount of whole grains and alcohol with very little flour and sugar?
 - /___ Is your water intake adequate (at least ½ oz./lb. of body weight; 160 lbs. = 80 oz. per day)?
 - /___ Do you eat relatively small, frequent meals and refrain from overeating or binge eating?
 - /___ Do you eat locally grown food and shop at farmers markets?
- Total ___

FITNESS

- /___ Are you within 20 pounds of your ideal body weight?
 - /___ Do you engage in regular physical exercise lasting at least 20 minutes, 5 days a week?
 - /___ Do you have good endurance and aerobic capacity, maintaining physically challenging goals?
 - /___ Are you physically strong, engaging in regular strength training?
 - /___ Do you do breathing and stretching exercises?
 - /___ Are you free of chronic aches, pains, ailments and diseases?
 - /___ Do you digest well and have regular, effortless bowel movements?
 - /___ Do you fall asleep easily and sleep soundly for at least 7 hours every night?
 - /___ Are you free from frequent illnesses or infections?
 - /___ Is your resting blood pressure under 125/85?
- Total ___

VITALITY

- /___ Do you awaken in the morning feeling well-rested?
 - /___ Do you have more than enough energy to meet your daily responsibilities?
 - /___ Are creative or artistic activities a part of your work or leisure time?
 - /___ Do you cultivate an awareness of life-energy or chi with martial arts, yoga or meditation?
 - /___ Do you take the time to relax for at least a few minutes a day?
 - /___ Do you schedule periodic massages or deep-tissue body work?
 - /___ Do you take time to experience sensual pleasure?
- Total ___

Russ Canfield MD

66 Avenida Aldea
Santa Fe NM 87507



Phone (505) 795-7111
Fax (505) 795-7112

PSYCHE: Upper Left Quadrant

ATTITUDES

- /___ Do you enjoy high self-esteem, giving yourself more supportive messages than critical ones?
 - /___ Do you believe it is possible to change engrained patterns?
 - /___ Are you motivated to make productive, healthy changes in your life?
 - /___ Do you have the knowledge you need to make productive changes?
 - /___ Is your outlook basically optimistic?
 - /___ Are you willing to take risks, exceeding previous limits, or make mistakes in order to succeed?
 - /___ Are you able to adjust your beliefs, attitudes and behaviors as a result of learning from painful experiences?
 - /___ Are you free from a strong need for control or the need to be right?
 - /___ Do you have the ability to forgive yourself and others?
 - /___ Are you grateful for the blessings in your life?
- Total ___

EMOTIONS

- /___ Do you feel joy, hope and happiness more often than sadness, despair and jealousy?
 - /___ Are you able to fully accept, feel and experience painful emotions such as fear, anger, sadness, and despair?
 - /___ Do you feel able to safely and comfortably express your true emotions including allowing yourself to cry?
 - /___ Are you able to comfort yourself when you are distressed?
 - /___ Do you experience feelings of exhilaration or bliss?
 - /___ Are you largely free of shame or guilt about your past?
 - /___ Has shame or guilt led to productive self reflection?
 - /___ Has an experience of pain or suffering enabled you to grow personally or spiritually?
 - /___ If you have experienced the loss of a loved one, have you fully grieved that loss?
 - /___ Are you free from feeling victimized by old trauma?
 - /___ Are you free from harboring anger toward your victimizers and enemies?
 - /___ Are you free from anger toward outside forces, including God?
 - /___ Is your sleep free from disturbing dreams?
- Total ___

PURPOSE

- /___ Do you feel a higher sense of passion and purpose in your life?
 - /___ Do you have specific goals in your personal and professional life?
 - /___ Does your job utilize all of your greatest talents?
 - /___ Is your life enjoyable and fulfilling?
 - /___ Do you use affirmations to help you to focus and attain your goals?
 - /___ Do you use visualization or mental imagery to help you attain your goals or enhance your performance?
 - /___ Are you able to let go of your attachment to specific outcomes and embrace uncertainty?
 - /___ Do you have faith in a God, spirit guides, or angels?
- Total ___

MINDFULNESS

- /___ Do you use meditation, contemplation, or psychotherapy to better understand your thoughts and feelings?
 - /___ Do you have the ability to concentrate for extended periods of time?
 - /___ Are you able to witness your automatic emotional responses?
 - /___ Do you maintain peace of mind and tranquility in the midst of our chaotic world?
 - /___ Do you take time for prayer, meditation, or reflection?
 - /___ Do you listen to your intuition?
- Total ___

Russ Canfield MD

66 Avenida Aldea
Santa Fe NM 87507



Phone (505) 795-7111
Fax (505) 795-7112

CULTURE: Lower Left Quadrant

VALUES

- /___ Does your family of origin express love and care?
 - /___ Do your family and friends value your ideas and perspective?
 - /___ Are you able to value the different and potentially opposing perspectives of others?
 - /___ Are you able to let go of the materialism in our modern culture and simplify your life wherever possible?
 - /___ Are you able to let go of the excessive focus on productivity and achievement in our culture?
 - /___ Are playfulness and humor important in your daily life?
- Total ___

BELIEFS

- /___ Do you feel free from discrimination or scorn based on your race, sex or creed?
 - /___ Are you free from any medical condition that you feel is labeled negatively by our culture?
 - /___ Are you satisfied with your religion/spirituality?
- Total ___

ETHICS

- /___ Can you let go of self-interest in deciding the best course of action for a given situation?
 - /___ Are you committed to providing service to others?
 - /___ Are you able to make decisions and create boundaries that protect your self interests?
 - /___ Are you truthful in all your interactions with others?
- Total ___

CONNECTION

- /___ Do you feel a sense of acceptance and belonging with your friends, co-workers and community?
 - /___ Do you or did you feel close to your parents and immediate family?
 - /___ Does your family of origin encourage the expression of a variety of emotions?
 - /___ Do you have a respected reputation in your community?
 - /___ Do you confide in and feel understood by your friends, your colleagues and your doctor?
 - /___ Do you feel connected with a romantic partner?
 - /___ Have you demonstrated the willingness to commit to a marriage or compatible long-term relationship?
 - /___ Are your sexual relationship(s) feel gratifying?
 - /___ Do you experience intimacy, besides sex, in your committed relationships?
 - /___ Do you feel comfortable in social situations?
 - /___ Do you feel safe and have a strong sense of belonging in your home environment?
 - /___ Do you experience unconditional love?
- Total ___

HABITAT: Lower Right Quadrant

ENVIRONMENTS

- / Does your home and work environment have clean air free of excessive pollen, dust and mold?
/ Do you drink either spring water or filtered water?
/ Do you filter the water you shower or bathe in?
/ Do you work to reduce your exposure to chemical and electromagnetic toxins?
/ Do you have enough privacy at home?
/ Are you safe from abuse?
/ Are you free of dental amalgam fillings?
/ Do you have access to healthy, whole foods?
/ Are you free from any legal problems?
/ Do you see a primary healthcare provider that you identify with?
/ Do you have all the formal education you need?
 Total ____

ECOLOGY

- / Do you spend time in activities where you feel energized or empowered by nature?
/ Do you take walks, garden, or have regular contact with nature?
/ Do you commit time to cultivating an awareness of subtle energies and your spiritual life?
/ Do you live in a safe, nurturing neighborhood?
/ Do you reduce, reuse and recycle?
/ Do you work to reduce your carbon footprint?
 Total ____

SOCIAL PARTICIPATION

- / Do you speak openly with one or more close friends?
/ Do you have a romantic partner?
/ Do you have a support system of family and friends to help you in times of need?
/ Do you go out of your way or give time to help others?
/ Do you take a day of rest completely away from work, dedicated to nurturing yourself and your family?
 Total ____

FINANCIAL

- / Can you meet your immediate financial needs?
/ Do you live within your means and save money for your future needs?
/ Do you have health insurance?
/ Do you have money to spend nurturing yourself?
/ Do you have the disposable income for the vacations and leisure activities you desire?
 Total ____

FOR OFFICE USE: INTEGRAL HEALTH ASSESSMENT v1.0

	<u>Raw Score</u>	<u>Possible Score</u>	<u>Health Index</u>
BODY	÷	128	=
PSYCHE	÷	148	=
CULTURE	÷	100	=
HABITAT	÷	108	=
TOTAL	÷	524	=

Russ Canfield MD

66 Avenida Aldea
Santa Fe NM 87507



Phone (505) 795-7111
Fax (505) 795-7112