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**Holistic Healing
 Readiness Survey**

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Name:

Date:

Name	Date	Strongly Disagree	Disagree	Neutral or Not Applicable	Agree	Strongly Agree
.....						
1) My current symptom(s) and/or problems are interfering with the quality of my life		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....						
2) I am concerned about my future health and am willing to forgo some comforts and habits today to improve the quality of my life in the future		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....						
3) I need to see some results within a few weeks or month to keep going with a treatment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....						
4) I believe that I can heal at least 90% without drugs or surgery		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....						
5) I am seeking holistic medical care because I am trying to avoid medications, surgery, or other conventional care		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....						
6) I want to take control of my health and have already read about and tried "alternative medicine"		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....						
7) My holistic doctor should be able to figure out my diagnosis and find medication(s) or supplement(s) to cure my problem(s)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....						
8) I can find 30-60 minutes per day to invest in my healing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....						
9) I am able and willing to invest \$150-\$500 per month for 4-12 months for a holistic program if it will allow me to heal 50%		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....						
10) I am able and willing to eliminate some or all of my favorite foods, alcohol, soda and caffeine from my diet for at least three months		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....						
11) I am willing to trial a regimen of supplements twice a day for three to six months to test the effect on my healing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....						
12) I am willing commit to at least 8 hours of sleep per night (or stay in bed 8 hours if I have a sleep problem)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....						
13) I am willing to go to a gentle yoga or other recommended movement class once per week for three to six months to test the effect on my healing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....						
14) I am willing to try a course of acupuncture, massage or other recommended body work for one to three months to test the effect on my healing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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15) My family and friends will support changes that will enable me to heal		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....						
16) My employer and coworker(s) will support changes, including time off, that will enable me to heal		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....						
17) I am willing to read educational materials if such knowledge will enable me to heal		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....						
18) I am willing to explore the relationship between my mind and body, which might require psychotherapy, journaling and/or other psycho-spiritual work		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....						