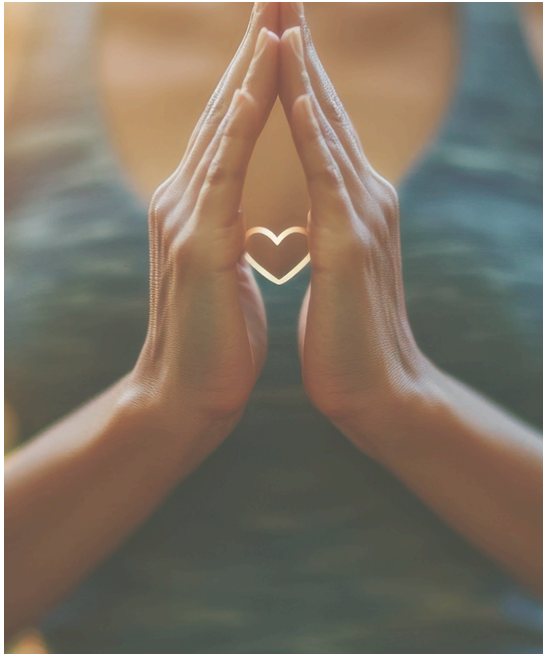




*Your Questionnaire*  
**14-Day**  
**Reset & Renew Course**



## Welcome

Thank you for taking the time to complete this questionnaire. Your responses help me create a 14-day journey that truly supports your needs, your lifestyle, and your wellbeing goals.

There are no right or wrong answers—just honesty, compassion, and clarity.



# About You & Your Current Season of Life

## 1. Basic Information

- Name: -----
- Age: -----
- Email: -----
- Location (optional) -----

## 2. Your Current Season

- How would you describe your current stage of life?
  - Perimenopause
  - Menopause
  - Post-menopause
  - Not sure
  - Prefer not to say



3. How do you feel in your body right now?

Short Answer

4. On a scale of 1–10, how would you rate your overall wellbeing?

(1 = struggling, 10 = thriving)

5. What are the top three challenges you're currently facing?

Short answer.




## Your Goals & Desired Outcomes

This course is designed to support your personal transformation. Your goals help shape the daily practices, foods, and rituals I recommend.

1. What would you most like to improve over the next 14 days?

Tick all that apply:

- Energy levels
  - Sleep quality
  - Digestion
  - Weight balance
  - Hormonal balance
  - Mood and emotional wellbeing
  - Joint or muscle discomfort
  - Stress levels
  - Skin health
  - Confidence and self-image
  - Other (please specify)
- 

2. What long-term changes would you love to see in your life?

Short answer.

3. What does “feeling like your best self” look like for you?

Short answer.


4. What outcomes would make this course feel successful for you?

Short answer.



## Your Dietary Preferences & Relationship with Food

Your food preferences and sensitivities help me tailor your meal suggestions and transformational foods.

1. Do you follow any specific dietary pattern?
    - Plant-based
    - Vegetarian
    - Pescatarian
    - Low-carb
    - Gluten-free
    - Dairy-free
    - No specific pattern
    - Other (please specify)
- 

2. Do you have any food allergies or intolerances?

Short answer.


3. Which foods do you enjoy and feel good eating?

Short answer.


4. Which foods do you struggle with or prefer to avoid?

Short answer.

5. How would you describe your relationship with food right now?

- Nourishing and balanced
  - Up and down
  - Emotional eating patterns
  - Confused about what to eat
  - Struggling with cravings
  - Other (please specify)
- 

6. How many meals do you typically eat per day?

- 1
  - 2
  - 3
  - 3+
  - It varies
- 


## Lifestyle, Habits & Daily Rhythms

Your lifestyle patterns help shape the rituals, routines, and practices I'll recommend.

1. How would you describe your daily energy levels?

- Low
- Moderate
- High
- Fluctuating

2. How many hours of sleep do you get on average?


- Less than 5
  - 5–6
  - 6–7
  - 7–8
  - 8+
- 

3. What is your current movement or exercise routine?

Tick all that apply:

- Walking
- Yoga or stretching
- Strength training
- Cardio
- Pilates
- No regular routine
- Other (please specify)

4. How would you describe your stress levels?

- Low
  - Manageable
  - High
  - Overwhelming
- 

5. What are your current daily habits that support your wellbeing?

Short answer.

6. What habits would you like to improve or change?

Short answer.




# Physical Health, Emotional Wellbeing & Final Notes

This final section helps me understand your deeper needs so I can support you with compassion and clarity

1. Do you experience any of the following physical symptoms?

Tick all that apply:

- Bloating
  - Fatigue
  - Hot flashes
  - Joint pain
  - Muscle stiffness
  - Brain fog
  - Mood swings
  - Low motivation
  - Digestive discomfort
  - Sleep disturbances
  - Other (please specify)
- 

2. Are you currently managing any health conditions?

Short answer.

3. How would you describe your emotional wellbeing?

Short answer.

4. What support do you feel you need most right now?

Short answer.

5. Is there anything else you'd like me to know before I create your personalised 14-day plan?

Short answer.

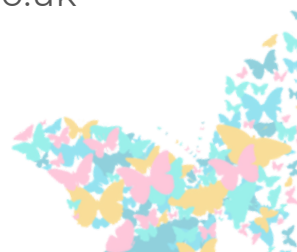


## The Next Step

Your 14-day course will be tailored to the answers you provided in the questionnaire, supporting and guiding you to achieve your specific health goals.

This will be delivered to you by email once you have submitted your interest and completed the registration

Dolly James  
Course Creator  
[www.indolgencewellbeing.co.uk](http://www.indolgencewellbeing.co.uk)



## Your Support & Contact

Once you have registered for the course, you will be given direct contact details via WhatsApp and email should you need further support, clarification, or guidance.

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Course Creator  
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