WELLNESS COACHING THAT TRANSFORMS

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PERSONAL INFORMATION QUESTIONNAIRE

Welcome to NuEpigen, LLC! We specialize in personalized holistic health and brain wellness solutions, integrating advanced epigenetic insights, nutritional guidance, detox programs, and behavioral therapies to optimize your well-being. Our mission is to empower you with tailored strategies for vitality and mental clarity. Please complete this brief form to help us understand your health profile and goals.

INSTRUCTIONS

Provide accurate information to assist **NUEPIGEN** in creating a personalized health and supplement plan. All fields are required unless marked optional.

1. Full Name

_____

2. Date of Birth(MM/DD/YYYY)

_____

3. Address (City, State, ZIP Code) (For mailing purposes)

_____

4. Occupation/Profession

_____

5. Contact Information (Phone Number and/or Email)

_____

6. Primary Health Goal(e.g., brain health, stress reduction, detoxification, overall wellness)

_____

7. Current Medications or Supplements (List any, or write "None")

_____

_____

8. Known Allergies or Dietary Restrictions (e.g., food allergies, gluten-free, vegan)

_____

9. Physical Activity Level(e.g., sedentary, light, moderate, vigorous; include frequency)

_____

10. Key Lifestyle Factors (e.g., stress levels, sleep quality, cognitive concerns, or other)

_____

Thank you for completing this form! Your responses will help NuEpigen design a personalized wellness plan to support your brain health and holistic vitality. We look forward to partnering with you on your journey.

HEALTH ASSESSMENT QUESTIONNAIRE

The following HEALTH ASSESSMENT QUESTIONNAIRE aligns with NuEpigen brand's innovative, holistic focus and our health coaching role, emphasizing client-centered wellness improvements.
Answer Honestly: Record responses in a notebook or app to track patterns.
Analyze Results: Focus on "No," "Never," "Unsure," or "Sometimes" answers to identify areas for improvement.

PHYSICAL HEALTH

1. Do you engage in moderate physical activity (e.g., yoga, HIIT) for at least 150 minutes per week?

YES	NO	SOMETIMES

2. How many days per week do you perform functional or strength training (e.g., kettlebells, bodyweight circuits)?

0/1	2/3	4/5+

3. Do you experience chronic inflammation or pain (e.g., joint stiffness, muscle soreness)?

YES	NO	SOMETIMES

4. When was your last comprehensive health check-up, including biomarkers like CRP or fasting insulin?

(-) 1 YEAR	1-2 YEARS	(+) 2 YEARS/NEVER

5. Do you monitor your heart rate variability (HRV) or other performance metrics using wearables?

YES	NO	SOMETIMES

SLEEP OPTIMIZATION

6. How many hours of restorative sleep do you get nightly?

(-) 6 HOURS	7-8 HOURS	(+) 8 HOURS

7. Do you maintain a consistent sleep schedule (same bedtime/wake-up daily)?

YES	NO	SOMETIMES

8. Do you use biohacking sleep aids (e.g., blue light glasses, melatonin, magnesium glycinate)?

YES	NO	SOMETIMES

9. Do you experience sleep disruptions (e.g., insomnia, snoring, restless legs)?

YES	NO	SOMETIMES

10. Do you track your sleep quality with a wearable device or app (e.g., Oura Ring, Fitness Band, Smart Watch)?

YES	NO	SOMETIMES

MENTAL HEALTH AND BEHAVIORAL THERAPIES

11. How often do you feel overwhelmed or stressed?

NEVER/RARELY	SOMETIMES/OFTEN	ALWAYS

12. Do you practice mindfulness techniques (e.g., meditation, breathwork, journaling) at least 3 times per week?

YES	NO	SOMETIMES

13. Have you used behavioral therapies (e.g., CBT, EMDR, neurofeedback) to support mental health?

YES	NO	NOT APPLICABLE

14. Do you experience symptoms of anxiety or depression (e.g., racing thoughts, low energy)?

NEVER/RARELY	SOMETIMES	OFTEN

15. Do you engage in cognitive biohacking (e.g., nootropics, brain training apps) to enhance focus or memory?

YES	NO	SOMETIMES

NUTRITION AND HYDRATION

16. Do you consume a nutrient-dense diet with organic whole foods (e.g., vegetables, grass-fed meats, healthy fats)?

YES	NO	SOMETIMES

17. How many servings of colorful fruits and vegetables do you eat daily?

0/1	2/3	(+) 4

18. Do you prioritize anti-inflammatory foods (e.g., turmeric, wild-caught salmon, berries)?

YES	NO	SOMETIMES

19. How much filtered or mineralized water do you drink daily?

(-) 4 CUPS	6-8 CUPS	(+) 8 CUPS

20. Do you avoid ultra-processed foods, added sugars, or artificial additives?

YES	NO	SOMETIMES

ANTI-AGING AND BIOHACKING

21. Do you practice anti-aging protocols (e.g., intermittent fasting, NAD+ precursors, senolytics)?

YES	NO	SOMETIMES

22. Do you track aging-related biomarkers (e.g., telomere length, VO2 max, epigenetic age)? (Yes/No/Unsure)

YES	NO	UNSURE

23. Do you use biohacking therapies (e.g., red light therapy, cryotherapy, infrared sauna)?

YES	NO	SOMETIMES

24. Do you take targeted anti-aging supplements (e.g., NMN, resveratrol, spermidine)?

YES	NO	SOMETIMES

25. Do you use wearable tech or apps to optimize physical or mental performance (e.g., Whoop, Levels)?

YES	NO	SOMETIMES

26. Do you experiment with personalized nutrition plans (e.g., ketogenic, carnivore, elimination diets)?

YES	NO	SOMETIMES

27. Do you incorporate hormesis-inducing practices (e.g., cold plunges, heat therapy) to boost resilience?

YES	NO	SOMETIMES

OXIDATIVE THERAPY AND DETOX PROTOCOLS

28. Have you explored oxidative therapies (e.g., ozone therapy, IV hydrogen peroxide) for cellular health?

YES	NO	UNSURE

29. Do you use detox supplements (e.g., milk thistle, NAC, chlorella) to support liver or kidney function?

YES	NO	SOMETIMES

30. Do you practice detox therapies (e.g., dry brushing, lymphatic massage)?

YES	NO	SOMETIMES

31. Do you minimize exposure to environmental toxins (e.g., plastics, pesticides, EMF)?

YES	NO	SOMETIMES

32. Do you experience symptoms of toxin overload (e.g., brain fog, fatigue, skin issues)?

YES	NO	SOMETIMES

DEWORMING AND PARASITE CLEANSING

33. Have you explored natural deworming remedies (e.g., wormwood, black walnut, clove)?

YES	NO	UNSURE

34. Do you experience symptoms potentially linked to parasites (e.g., digestive issues, unexplained fatigue, skin issues)?

YES	NO	SOMETIMES

35. Do you follow periodic parasite cleanse protocols (e.g., herbal tinctures, diatomaceous earth)?

YES	NO	SOMETIMES

HERBAL MEDICINE AND ADAPTOGENS

36. Do you use adaptogenic herbs (e.g., ashwagandha, rhodiola, holy basil) to manage stress or energy?

YES	NO	SOMETIMES

37. How often do you consume herbal teas or infusions (e.g., ginger, dandelion, nettle)?

NEVER/RARELY	SOMETIMES	OFTEN/DAILY

38. Do you take herbal supplements (e.g., milk thistle, ginseng, turmeric) for specific health goals? (Yes/No/Sometimes)

YES	NO	SOMETIMES

39. Are you aware of potential herb-drug interactions for any medications you take? (Yes/No/Unsure)

YES	NO	UNSURE

40. Do you source herbal products from reputable, third-party-tested brands? (Yes/No/Sometimes)

YES	NO	SOMETIMES

SPIKE PROTEIN EXPOSURE CONCERNS

41. Are you concerned about health impacts from spike protein exposure (e.g., vaccines, infections)?

YES	NO	UNSURE

42. Do you use supplements to address spike protein concerns (e.g., nattokinase, bromelain, quercetin)?

YES	NO	SOMETIMES

43. Have you consulted a healthcare provider about post-vaccine or post-infection symptoms? (Yes/No/Not Applicable)

YES	NO	NOT APPLICABLE

GUT-BRAIN AXIS OPTIMIZATION

44. Do you consume probiotic or prebiotic-rich foods (e.g., kefir, sauerkraut, inulin) to support gut microbiome health?

YES	NO	SOMETIMES

45. Do you follow a gut health protocol (e.g., bone broth, elimination diet, FMT) to optimize the gut-brain axis?

YES	NO	SOMETIMES

MITOCHONDRIAL HEALTH HACKS

46. Do you use mitochondrial health supplements (e.g., PQQ, CoQ10, L-carnitine) to boost energy or longevity?

YES	NO	SOMETIMES

47. Do you practice mitochondrial-enhancing activities (e.g., cold exposure, ketogenic diet) at least 3 times per week?

YES	NO	SOMETIMES

VAGUS NERVE STIMULATION

48. Do you use vagus nerve stimulation techniques (e.g., deep breathing, humming, TENS) to manage stress or improve HRV?

YES	NO	SOMETIMES

GENERAL WELLNESS

49. Have you consulted a functional medicine practitioner for personalized wellness plans?

YES	NO	SOMETIMES

50. Do you regularly reassess your health goals to align with holistic wellness trends?

YES	NO	SOMETIMES