

# Health Status Questionnaire

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

Date:     /     /

## Physical State

Rate the following questions on a frequency scale of 1 to 5.

	<i>never</i>	<i>rare</i>	<i>occas.</i>	<i>regular</i>	<i>constant</i>
1. Presence of physical pain (neck/back ache, sore arms/legs, etc. ....	1	2	3	4	5
2. Feeling of tension, stiffness, or lack of flexibility in your spine.....	1	2	3	4	5
3. Incidence of fatigue or low energy. ....	1	2	3	4	5
4. Incidence of colds and flu. ....	1	2	3	4	5
5. Incidence of headaches (of any kind). ....	1	2	3	4	5
6. Incidence of nausea or constipation. ....	1	2	3	4	5
7. Incidence of menstrual discomfort. ....	1	2	3	4	5
8. Incidence of allergies or eczema or skin rash. ....	1	2	3	4	5
9. Incidence of dizziness or lightheadedness. ....	1	2	3	4	5
10. Incidence of accidents or near accidents or falling or tripping. ....	1	2	3	4	5

## Mental/Emotional State

Rate to following questions on a frequency scale of 1 to 5.

	<i>never</i>	<i>rare</i>	<i>occas.</i>	<i>regular</i>	<i>constant</i>
1. If pain is present, how stressed are you about it? ....	1	2	3	4	5
2. Presence of negative or critical feelings about yourself. ....	1	2	3	4	5
3. Experience of moodiness or temper or angry outbursts. ....	1	2	3	4	5
4. Experience of depression or lack of interest. ....	1	2	3	4	5
5. Being overly worried about small things. ....	1	2	3	4	5
6. Difficulty thinking or concentrating or indecisiveness. ....	1	2	3	4	5
7. Experience vague fears or anxiety. ....	1	2	3	4	5
8. Being fidgety or restless; difficulty sitting still. ....	1	2	3	4	5
9. Difficulty falling or staying asleep. ....	1	2	3	4	5
10. Experience of recurring thoughts or dreams. ....	1	2	3	4	5

## Stress Evaluation

Evaluate your stress relative to the following with:

	<i>none</i>	<i>low</i>	<i>medium</i>	<i>high</i>	<i>very high</i>
1. Family .....	1	2	3	4	5
2. Significant Relationship .....	1	2	3	4	5
3. Health .....	1	2	3	4	5
4. Finances .....	1	2	3	4	5
5. Sex Life .....	1	2	3	4	5
6. Work .....	1	2	3	4	5

Please continue on back.

7. School .....	1	2	3	4	5
8. General well being .....	1	2	3	4	5
9. Emotional well-being .....	1	2	3	4	5
10. Coping with daily problems .....	1	2	3	4	5

**Life enjoyment**

*Rate the following questions on a scale of 1 to 5.*

	<i>not at all</i>	<i>slight</i>	<i>some-what</i>	<i>quite a lot</i>	<i>exten- sive</i>
1. Openness to guidance by your "inner voice/feelings." .....	1	2	3	4	5
2. Experience of relation or ease or well-being. ....	1	2	3	4	5
3. Presence of positive feelings about yourself. ....	1	2	3	4	5
4. Interest in maintaining a healthy lifestyle (e.g. diet, fitness, etc.) .....	1	2	3	4	5
5. Feeling of openness and awareness/connection when relating to others. ....	1	2	3	4	5
6. Level of confidence in your ability to deal with adversity. ....	1	2	3	4	5
7. Level of compassion for, and acceptance of, others. ....	1	2	3	4	5
8. Satisfaction with the level of recreation in your life. ....	1	2	3	4	5
9. Incidence of feelings of joy and or happiness. ....	1	2	3	4	5
10. Level of satisfaction with your sex life. ....	1	2	3	4	5
11. Time devoted to things you enjoy. ....	1	2	3	4	5

**Overall Quality of Life**

*Evaluate your feelings relative to the quality of your life with*

	<i>terrible</i>	<i>un- happy</i>	<i>dissatis- fied</i>	<i>mixed</i>	<i>satisfied</i>	<i>pleased</i>	<i>delighted</i>
1. Your personal life. ....	1	2	3	4	5	6	7
2. Your significant other/spouse/partner. ....	1	2	3	4	5	6	7
3. Your romantic life. ....	1	2	3	4	5	6	7
4. Your job. ....	1	2	3	4	5	6	7
5. Your co-workers. ....	1	2	3	4	5	6	7
6. The actual work you do. ....	1	2	3	4	5	6	7
7. Your handling of problems in your life. ....	1	2	3	4	5	6	7
8. What you are actually accomplishing. ....	1	2	3	4	5	6	7
9. Your physical appearance—the way you look to others. ....	1	2	3	4	5	6	7
10. Your self. ....	1	2	3	4	5	6	7
11. The extent to which you adjust to changes in your life. ....	1	2	3	4	5	6	7
12. Your life as a whole. ....	1	2	3	4	5	6	7
13. Overall contentment with your life. ....	1	2	3	4	5	6	7
14. The extent to which your life has been what you wanted. ...	1	2	3	4	5	6	7