

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 next page.

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