

# Health Status Questionnaire

## YOUR PHYSICAL LIFE

Rate based on a frequency scale of 1-5. 1= Never 2= Rarely 3= Occasional 4= Regularly 5= Constantly

Presence of physical neck/backache pain, headaches...	1	2	3	4	5	Incidence of nausea, diarrhea or constipation	1	2	3	4	5
Feelings of tension, stiffness, lack of flexibility.	1	2	3	4	5	Incidence of allergies, eczema, or skin rash.	1	2	3	4	5
Incidence of fatigue or low energy.	1	2	3	4	5	Incidence of dizziness or lightheadedness.	1	2	3	4	5
Incidence of colds or flu.	1	2	3	4	5	Ability to work out or engage in activity	1	2	3	4	5

## MENTAL/EMOTIONAL STATE

Rate based on a frequency scale of 1-5. 1= Never 2= Rarely 3= Occasional 4= Regularly 5= Constantly

Presence of negative/ feelings or negative energy	1	2	3	4	5	Being overly worried about small things.	1	2	3	4	5
Moodiness, temper, or angry outbursts.	1	2	3	4	5	Difficulty thinking or concentrating.	1	2	3	4	5
Difficulty falling or staying asleep.	1	2	3	4	5	Feelings of depression or anxiety.	1	2	3	4	5

## STRESS EVALUATION

Rate based on how the level of stress these areas cause you. 1= None 2= Rare 3= Occasional 4= Regular 5= Constant

Family	1	2	3	4	5	Work/School	1	2	3	4	5
Significant relationship	1	2	3	4	5	General well-being	1	2	3	4	5
Health	1	2	3	4	5	Emotional well-being	1	2	3	4	5
Finances	1	2	3	4	5	Coping with daily problems	1	2	3	4	5

## LIFE ENJOYMENT

Rate based on the level of enjoyment experienced. 1= Extensive 2= Considerable 3= Moderate 4= Slight 5= None

Experiences of relaxation, ease, or well-being.	1	2	3	4	5	Compassion and acceptance of others.	1	2	3	4	5
Interest in maintaining a healthy lifestyle, diet, etc.	1	2	3	4	5	The level of recreation in your life.	1	2	3	4	5
Confidence in your ability to deal with adversity.	1	2	3	4	5	Time devoted to things you enjoy.	1	2	3	4	5

## OVERALL QUALITY OF LIFE

Rate based on the level of enjoyment experienced. 1= Delighted 2= Mostly Satisfied 3= Mixed 4= Dissatisfied 5= Unhappy

Your personal life.	1	2	3	4	5	The handling of the problems in your life.	1	2	3	4	5
Your spouse/significant other.	1	2	3	4	5	Your physical appearance.	1	2	3	4	5
Your job and the work you do.	1	2	3	4	5	The way you adjust to changes in your life.	1	2	3	4	5



## Health Goals

Of the many aspects of your life, where does your health and wellness rate as a priority (1 is highest and 5 is lowest):

1     2     3     4     5

So that we may exceed your expectations, please rate each area below based on their importance to you (1 is high priority, 5 is low):

\_\_\_\_\_ Money    \_\_\_\_\_ Value    \_\_\_\_\_ Time    \_\_\_\_\_ Service    \_\_\_\_\_ Results

What health goal, if you were to complete or accomplish it, would have the greatest impact on your life?

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

