

Health Status Questionnaire Name: _____ Date: _____

Physical State: Rate the following on a frequency scale of 1 to 5. (1=Never 2=Rarely 3=Occasionally 4=Regularly 5=Constantly).

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|--------------------------------------------------------------------------|---|---|---|---|---|
| 1. Presence of physical pain (neck/back ache, sore arms/legs, etc.). | 1 | 2 | 3 | 4 | 5 |
| 2. Feeling of tensions, 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 (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 the following questions on a frequency scale of 1 to 5. (1=Never 2=Rarely 3=Occasionally 4=Regularly 5=Constantly).

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|------------------------------------------------------------|---|---|---|---|---|
| 1. If pain is present, how stressed are you about it? | 1 | 2 | 3 | 4 | 5 |
| 2. Experience of depression or lack of interest. | 1 | 2 | 3 | 4 | 5 |
| 3. Difficulty thinking or concentrating or indecisiveness. | 1 | 2 | 3 | 4 | 5 |
| 4. Experience of vague fears or anxiety. | 1 | 2 | 3 | 4 | 5 |
| 5. Being fidgety or restless; difficulty sitting still. | 1 | 2 | 3 | 4 | 5 |
| 6. Difficulty falling asleep or staying asleep. | 1 | 2 | 3 | 4 | 5 |

Stress Evaluation: Evaluate you stress relative to the following with, (1=None 2=Slight 3=Moderate 4=Pronounced 5=Extensive).

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| 1. Significant Relationship | 1 | 2 | 3 | 4 | 5 |
| 2. Health | 1 | 2 | 3 | 4 | 5 |
| 3. Finances | 1 | 2 | 3 | 4 | 5 |
| 4. Work | 1 | 2 | 3 | 4 | 5 |
| 6. General well-being | 1 | 2 | 3 | 4 | 5 |
| 7. Emotional well-being | 1 | 2 | 3 | 4 | 5 |
| 8. Coping with daily problems | 1 | 2 | 3 | 4 | 5 |

Life Enjoyment: Rate the following questions on a degree scale of 1-5 with, (1=Not at all 2=Slight 3=Moderate 4=Considerable 5=Extensive).

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|---------------------------------------------------------------------------|---|---|---|---|---|
| 1. Experience of relaxation or ease or well-being. | 1 | 2 | 3 | 4 | 5 |
| 2. Interest in maintaining a healthy lifestyle (e.g. diet, fitness, etc.) | 1 | 2 | 3 | 4 | 5 |
| 3. Level of confidence in your ability to deal with adversity. | 1 | 2 | 3 | 4 | 5 |
| 4. Satisfaction with the level of recreation in your life. | 1 | 2 | 3 | 4 | 5 |
| 5. Incidence of feeling of joy and or happiness. | 1 | 2 | 3 | 4 | 5 |
| 6. Time devoted to things you enjoy. | 1 | 2 | 3 | 4 | 5 |