

Health Status Questionnaire

Physical State: Rate the following questions on a frequency scale of 1 to 5.
1 = never, 2 = rarely, 3 = occasional, 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 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 (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 = occasional, 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. 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 of 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:

1 = none, 2 = slight, 3 = moderate, 4 = pronounced, 5 = extensive.

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| 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 |
| 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 degree scale of 1 -5 with:

1 = not at all, 2 = slight, 3 = moderate, 4 = considerable, 5 = extensive.

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| 1. Openness to guidance by your "inner voice/feelings." | 1 | 2 | 3 | 4 | 5 |
| 2. Experience of relaxation 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 being open and aware/connected 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,

1 = terrible, 2 = unhappy, 3 = mostly dissatisfied, 4 = mixed, 5 = mostly satisfied,

6 = pleased, 7 = delighted.

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| 1. Your personal life. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. Your wife/husband or partner/significant other. | 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 in your life. | 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 |