

Patient Name: _____

Date: _____

Health, Wellness & Quality of Life
Questionnaire

Answer each of the questions below by putting a circle around the number that **best** represents you at this time.

I. Physical State

Rate the following questions with respect to frequency:

Never _____ Rarely _____ Occasionally _____ Regularly _____ Constantly _____

1. Presence of physical pain (neck/back ache, sore arms/legs, etc.). 1 2 3 4 5
2. Feeling of tension or 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 skin rashes. 1 2 3 4 5
9. Incidence of dizziness or light-headedness. 1 2 3 4 5
10. Incidence of accidents or near accidents or falling or tripping. 1 2 3 4 5

**II. Mental/
Emotional
State**

Rate the following questions with respect to frequency:

Never _____ Rarely _____ Occasionally _____ Regularly _____ Constantly _____

1. If pain is present, how distressed are you about it? 1 2 3 4 5
2. Presence of negative or critical feelings about your self. 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

III. Stress Evaluation

Evaluate your stress relative to the following:

None Slight Moderate Pronounced Extensive

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

IV. Life Enjoyment

Rate the following on a degree scale of 1-5:

Not at all Slight Moderate Considerable Extensive

1. Openness to guidance to 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 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

V. Overall Quality of Life

Evaluate your feelings relative to the quality of life:

Terrible Unhappy Mostly Dissatisfied Mixed Mostly Satisfied Pleased
Delighted

1. Your personal life. 1 2 3 4 5 6 7
2. Your wife/husband or "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. The 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. Your ability to adjust to change 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 as you want it. 1 2 3 4 5 6 7

VI. Overall Impressions

Answer each of the questions with respect to when you first came to this office:

Better Same Worse

1. Overall my physical well-being is: 1 2 3
2. Overall my mental/emotional state is: 1 2 3
3. Overall my ability to handle stress is: 1 2 3
4. Overall my enjoyment of life is: 1 2 3
5. Overall my quality of life is: 1 2 3