



Health, Wellness, and Quality of Life Questionnaire

Answer each of the questions below by putting a circle around the number that **best** represents you at this time. Use the following scale for Parts I, and II.

1: Never 2: Rarely 3: Occasionally 4: Regularly 5: Constantly

Case Number: _____

Date: _____

Part I: Physical State

Rate the following questions with respect to frequency:

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

Part II: Mental/ Emotional State

Rate the following questions with respect to frequency:

1: If pain is present, how distressed 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

Part III: Stress Evaluation

Using the following scale, evaluate your stress relative to the following:

1: None 2: Slight 3: Moderate 4: Pronounced 5: 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

Part IV: Life Enjoyment

Using the following scale, rate the following:

1: Not at all 2: Slight 3: Moderate 4: Considerable 5: Extensive

1: Openness to guidance to your "inner voice/ feelings."	1	2	3	4	5
2: Experience of relaxation, 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

Part V: Overall Quality of Life

Using the following scale, evaluate your feelings relative to the quality of life:

1: Terrible 2: Unhappy 3: Mostly Dissatisfied 4: Mixed 5: Mostly Satisfied
6: Pleased 7: 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

Part VI: Overall Impressions

Using the following scale, answer each of these with respect to when you first came to the office:

1: Better 2: Same 3: 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