

HEALTH STATUS QUESTIONNAIRE

Name:	Date:
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PHYSICAL STATE

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

Presence of physical pain, neck/backache, soreness, etc.	1	2	3	4	5	Incidence of nausea or constipation.	1	2	3	4	5
Feelings of tension, stiffness, lack of flexibility in the spine.	1	2	3	4	5	Incidence of menstrual discomfort.	1	2	3	4	5
Incidence of fatigue or low energy.	1	2	3	4	5	Incidence of allergies, eczema, or skin rash.	1	2	3	4	5
Incidence of colds or flu.	1	2	3	4	5	Incidence of dizziness or lightheadedness.	1	2	3	4	5
Incidence of headaches (any kind).	1	2	3	4	5	Incidence of accidents, near accidents, falling, tripping.	1	2	3	4	5
I do NOT formally exercise on a regular basis.	1	2	3	4	5	I rarely get at least 7 hours of sleep 7 days a week.	1	2	3	4	5
I have NOT gotten regular chiropractic care within the past 5 years.	1	2	3	4	5	I am rarely proud of the way I am in the mirror.	1	2	3	4	5

MENTAL/EMOTIONAL STATE

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

If pain is present, how stressed are you about it?	1	2	3	4	5	Being overly worried about small things.	1	2	3	4	5
Presence of negative or critical feelings about yourself.	1	2	3	4	5	Difficulty thinking or concentrating, indecisiveness.	1	2	3	4	5
Experience moodiness, temper, or angry outbursts.	1	2	3	4	5	Experience vague fears or anxiety.	1	2	3	4	5
Difficulty falling or staying asleep.	1	2	3	4	5	Being fidgety or restless; difficulty sitting still.	1	2	3	4	5
Experience depression or lack of interest.	1	2	3	4	5	I am rarely a calm and peaceful person. I rarely can shut my mind off and focus.	1	2	3	4	5
I rarely practice some form of mental relaxation (meditation, yoga, breathing exercises, prayer, etc.) on a regular basis.	1	2	3	4	5	Most of the time, I am truly happy and feel a sense of purpose in my life.	1	2	3	4	5
I rarely have healthy relationships and a rich social network of friends and activities.	1	2	3	4	5	I am rarely organized, have time for myself, and prioritize the important tasks in my life.	1	2	3	4	5

MENTAL STRESS EVALUATION

Rate the following based on how much stress they cause you. 1= None 2= Slight 3= Moderate 4= Pronounced 5= Extensive

Family	1	2	3	4	5	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
Work	1	2	3	4	5						

OVERALL QUALITY OF LIFE

Rate the following questions on a scale of 1-5. 7= Terrible 6= Unhappy 5= Mostly Dissatisfied 4= Mixed 3= Mostly Satisfied 2=Pleased 1=Delighted

Your personal life.	7	6	5	4	3	2	1	The handling of the problems in your life.	7	6	5	4	3	2	1
Your spouse/significant other.	7	6	5	4	3	2	1	Your physical appearance.	7	6	5	4	3	2	1
Your job.	7	6	5	4	3	2	1	The extent to which you adjust to changes in your life.	7	6	5	4	3	2	1
The actual work you do.	7	6	5	4	3	2	1	The extent that life has been what you wanted.	7	6	5	4	3	2	1

HEALTH STATUS QUESTIONNAIRE

CHEMICAL/NUTRITIONAL HEALTH

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

I Eat 4-6 small meals daily and properly combine my proteins, carbs, and fats.	5	4	3	2	1	I drink a maximum of 2 12 oz cans of diet pop per week.	5	4	3	2	1
I drink a maximum of 2 12 oz cans of regular pop per week.	5	4	3	2	1	I supplement everyday with a good quality supplement.	5	4	3	2	1
I take less than one medication over the counter or prescription daily. (<i>Advil, BP med, acid reduction, etc.</i>)	5	4	3	2	1	I do not smoke cigarettes.	5	4	3	2	1
I eat at a minimum of 6 servings of vegetables per day.	5	4	3	2	1	I drink water as my primary beverage and consume at least 30 oz per day..	5	4	3	2	1
At work I am not exposed to chemicals daily.	5	4	3	2	1	I drink less than 6 alcoholic beverages a week.	5	4	3	2	1
I eat a maximum of 2 processed sugar deserts per week.	5	4	3	2	1						

LIFE ENJOYMENT

Rate the following questions on a frequency scale of 1-5. 5= Not at all 4= Slight 3= Moderate 2= Considerable 1= Extensive

Experience of relaxation, ease, or well-being.	5	4	3	2	1	Level of compassion for and acceptance of others.	5	4	3	2	1
Interest in maintaining a healthy lifestyle, diet,	5	4	3	2	1	Satisfaction with the level of recreation in	5	4	3	2	1
Level of confidence in your ability to deal with adversity.	5	4	3	2	1	Time devoted to things you enjoy.	5	4	3	2	1

Your Total Score:

	1st Test	Optimum	2nd Test
Physical State	_____	<u>14</u>	_____
Mental/Emotional State	_____	<u>14</u>	_____
Mental Stress Evaluation	_____	<u>9</u>	_____
Overall Quality of Life	_____	<u>8</u>	_____
Chemical/Nutritional Health	_____	<u>11</u>	_____
Life Enjoyment	_____	<u>6</u>	_____
OVERAL TOTAL	_____	<u>62</u>	_____