

# Chiropractic Family Wellness Center

## Health Status Questionnaire

Name:

Date:

**Please rate these aspects of your physical and emotional health using the following scale:**

**1 = never, 2 = rarely, 3 = occasional, 4 = regularly, 5 = constantly**

**Physical State:** How often do you experience:

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. 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. Fatigue or low energy?  | 1 | 2 | 3 | 4 | 5 |
| 4. Colds or flu?   | 1 | 2 | 3 | 4 | 5 |
| 5. Headaches (any kind)?   | 1 | 2 | 3 | 4 | 5 |
| 6. Nausea or constipation?   | 1 | 2 | 3 | 4 | 5 |
| 7. Menstrual discomfort?   | 1 | 2 | 3 | 4 | 5 |
| 8. Allergies or eczema or skin rash?                                   | 1 | 2 | 3 | 4 | 5 |
| 9. Dizziness or lightheadedness?                                       | 1 | 2 | 3 | 4 | 5 |
| 10. Accidents or near accidents or falling or tripping?                | 1 | 2 | 3 | 4 | 5 |

**Mental/Emotional State:** How often do you experience:

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. If pain is present, how stressed are you about it?      | 1 | 2 | 3 | 4 | 5 |
| 2. Negative or critical feelings about self?               | 1 | 2 | 3 | 4 | 5 |
| 3. Moodiness, temper or angry outbursts?                   | 1 | 2 | 3 | 4 | 5 |
| 4. 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. 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. Recurring thoughts or dreams?                          | 1 | 2 | 3 | 4 | 5 |

**Stress:** How much stress do you experience relative to the following?

**1 = none, 2 = some, 3 = moderate, 4 = high, 5 = very high**

- |    |                          |   |   |   |   |   |
|----|--------------------------|---|---|---|---|---|
| 1. | Family                   | 1 | 2 | 3 | 4 | 5 |
| 2. | Significant Relationship | 1 | 2 | 3 | 4 | 5 |
| 3. | Health                   | 1 | 2 | 3 | 4 | 5 |
| 4. | Work                     | 1 | 2 | 3 | 4 | 5 |
| 5. | School                   | 1 | 2 | 3 | 4 | 5 |
| 6. | Emotional Well-being     | 1 | 2 | 3 | 4 | 5 |
- 

**Life Enjoyment:** To what degree do you experience the following?

**1 = very high, 2 = high, 3= moderate, 4 = some, 5 = none**

- |    |  |   |   |   |   |   |
|----|--|---|---|---|---|---|
| 1. | Experience of relaxation or well-being                                 | 1 | 2 | 3 | 4 | 5 |
| 2. | Presence of positive feelings about yourself                           | 1 | 2 | 3 | 4 | 5 |
| 3. | Interest in maintaining a healthy lifestyle (i.e. diet, fitness, etc.) | 1 | 2 | 3 | 4 | 5 |
| 4. | Feeling of being open and connected when relating to others            | 1 | 2 | 3 | 4 | 5 |
| 5. | Level of confidence in your ability to deal with adversity             | 1 | 2 | 3 | 4 | 5 |
| 6. | Level of compassion for, and acceptance of, others                     | 1 | 2 | 3 | 4 | 5 |
| 7. | Satisfied with the level of recreation in your life                    | 1 | 2 | 3 | 4 | 5 |
| 8. | Incidence of feelings of joy and/or happiness                          | 1 | 2 | 3 | 4 | 5 |
| 9. | Time devoted to things you enjoy                                       | 1 | 2 | 3 | 4 | 5 |
- 

**Overall Quality of Life:** Overall, how do you currently feel about the following?

**1 = really happy, 2 = pretty satisfied, 3 = mixed, 4 = pretty dissatisfied, 5 = unhappy**

- |    |  |   |   |   |   |   |
|----|--|---|---|---|---|---|
| 1. | Your personal life                                     | 1 | 2 | 3 | 4 | 5 |
| 2. | Your wife/husband/partner                              | 1 | 2 | 3 | 4 | 5 |
| 3. | Your romantic life                                     | 1 | 2 | 3 | 4 | 5 |
| 4. | Your job   | 1 | 2 | 3 | 4 | 5 |
| 5. | Your co-workers  | 1 | 2 | 3 | 4 | 5 |
| 6. | Your handling of problems in your life                 | 1 | 2 | 3 | 4 | 5 |
| 7. | Your physical appearance – the way you look to others  | 1 | 2 | 3 | 4 | 5 |
| 8. | The extent to which you adjust to changes in your life | 1 | 2 | 3 | 4 | 5 |
| 9. | Your life as a whole                                   | 1 | 2 | 3 | 4 | 5 |
-