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

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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

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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