

Health Status Questionnaire

Name: _____

Date: _____

1. PHYSICAL STATE: Rate the following questions on a frequency scale of 1-5:

= Never, 2= Rarely, 3= Occasional, 4= Regularly, 5= Constantly

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|---|---|---|---|---|---|
| 1. Presence of physical pain (neck/backache, sore arms, low back legs, etc..) | 1 | 2 | 3 | 4 | 5 |
| 2. Feelings of tension, 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 or flu. | 1 | 2 | 3 | 4 | 5 |
| 5. Incidence of headaches (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, eczema, or skin rash. | 1 | 2 | 3 | 4 | 5 |
| 9. Incidence of dizziness or lightheadedness. | 1 | 2 | 3 | 4 | 5 |
| 0. Incidence of accidents or near accidents, falling or tripping. | 1 | 2 | 3 | 4 | 5 |

3. MENTAL/EMOTIONAL STATE: Rate the following questions on a frequency scale of 1-5.

= Never, 2= Rarely, 3= Occasional, 4= Regularly, 5= Constantly

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| 1. If pain is present, how stressed 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 moodiness, temper, or angry outbursts. | 1 | 2 | 3 | 4 | 5 |
| 4. Experience 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, indecisiveness. | 1 | 2 | 3 | 4 | 5 |
| 7. Experience 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 |

4. STRESS EVALUATION: Rate the following areas on how much stress they cause you.

= None, 2= Slight, 3= Moderate, 4= Pronounced, 5= Extensive

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| Family. | 1 | 2 | 3 | 4 | 5 |
| Significant relationship. | 1 | 2 | 3 | 4 | 5 |
| Health. | 1 | 2 | 3 | 4 | 5 |
| Finances. | 1 | 2 | 3 | 4 | 5 |
| Work. | 1 | 2 | 3 | 4 | 5 |
| School. | 1 | 2 | 3 | 4 | 5 |
| General well-being. | 1 | 2 | 3 | 4 | 5 |
| Emotional well-being. | 1 | 2 | 3 | 4 | 5 |
| Coping with daily problems. | 1 | 2 | 3 | 4 | 5 |