

Health, Wellness & Quality of Life Questionnaire

Answer each of the questions below by putting a circle around the number that best represents you at this time.

Name:

Date:

I. Physical State

Rate the following questions with respect to frequency:

/50

	Never	Rarely	Occasionally	Regularly	Constantly
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 cold or 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

II. Mental/Emotional State

Rate the following questions with respect to frequency:

/50

	Never	Rarely	Occasionally	Regularly	Constantly
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

III. Stress Evaluation

Evaluate your stress relative to the following:

/50

	None	Slight	Moderate	Pronounced	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

IV. Life Enjoyment

/50

Rate the following on a degree scale of 1-5:

	None	Slight	Moderate	Pronounced	Extensive
1 Experience of relaxation or ease 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 (eg. Diet, fitness, etc)	1	2	3	4	5
4 Feeling of being open and aware/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 Satisfaction with the level of recreation in your life.	1	2	3	4	5
8 Incidence of feelings of joy or happiness.	1	2	3	4	5
9 Level of satisfaction with your sex life.	1	2	3	4	5
10 Time devoted to things you enjoy.	1	2	3	4	5

V. Overall Quality of Life

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Evaluate your feelings relative to the quality of life:

	Terrible	Unhappy	Mixed	Pleased	Delighted
1 Your personal life.	1	2	3	4	5
2 Your wife/husband or "significant other".	1	2	3	4	5
3 Your romantic life.	1	2	3	4	5
4 Your job.	1	2	3	4	5
5 The handling of problems in your life.	1	2	3	4	5
6 What you are actually accomplishing in your life.	1	2	3	4	5
7 Your physical appearance - the way you look to others.	1	2	3	4	5
8 Overall contentment with your life	1	2	3	4	5
9 Your ability to adjust to change in your life.	1	2	3	4	5
10 Your life as a whole.	1	2	3	4	5

