

## 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

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

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

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