

Name: \_\_\_\_\_ Date: \_\_\_\_\_

# Gateways to Healing, Network Chiropractic

## 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.

### I. Physical State

*Rate the following questions with respect to frequency:*

	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 and 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:*

	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:*

	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

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

	Not at all	Slight	Moderate	Considerable	Extensive
1. Openness to guidance to your "inner voice/feelings"	1	2	3	4	5
2. Experience of relaxation or ease or well-being	1	2	3	4	5
3. Presence of positive feelings about yourself	1	2	3	4	5
4. Interest in maintaining a healthy lifestyle (e.g. diet, fitness, etc.)	1	2	3	4	5
5. Feeling of being open and aware/connected when relating to others	1	2	3	4	5
6. Level of confidence in your ability to deal with adversity	1	2	3	4	5
7. Level of compassion for, and acceptance of, others	1	2	3	4	5
8. Satisfaction with the level of recreation in your life	1	2	3	4	5
9. Incidence of feelings of joy or happiness	1	2	3	4	5
10. Level of satisfaction with your sex life	1	2	3	4	5
11. Time devoted to things you enjoy	1	2	3	4	5

#### V. Overall Quality of Life

Evaluate your feelings relative to the quality of life:

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delight
1. Your personal life	1	2	3	4	5	6	7
2. Your wife/husband or "significant other"	1	2	3	4	5	6	7
3. Your romantic life	1	2	3	4	5	6	7
4. Your job	1	2	3	4	5	6	7
5. Your coworkers	1	2	3	4	5	6	7
6. The actual work you do	1	2	3	4	5	6	7
7. The handling of the problems in your life	1	2	3	4	5	6	7
8. What you are actually accomplishing in your life	1	2	3	4	5	6	7
9. Your physical appearance	1	2	3	4	5	6	7
10. Your self	1	2	3	4	5	6	7
11. Your ability to adjust to change in your life	1	2	3	4	5	6	7
12. Your life as a whole	1	2	3	4	5	6	7
13. Overall contentment with your life	1	2	3	4	5	6	7
14. The extent to which your life has been as you want it	1	2	3	4	5	6	7

#### VI. Overall Impressions

Answer each of the following questions with respect to when you first came into this office:

	Better	Same	Worse
1. Overall my physical well-being is:	1	2	3
2. Overall my mental/emotional state is:	1	2	3
3. Overall my ability to handle stress is:	1	2	3
4. Overall my enjoyment of life is:	1	2	3
5. Overall my quality of life is:	1	2	3