Chiropractic For All
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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

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

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