

3 Bears Chiropractic & Wellness

HEALTH STATUS QUESTIONNAIRE

Name:	Date:
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PHYSICAL STATE

Rate the following questions on a frequency scale of 1-5. 1= Never 2= Rarely 3= Occasional 4= Regularly 5= Constantly

Presence of physical pain, neck/backache, soreness, etc.	1	2	3	4	5	Incidence of nausea or constipation.	1	2	3	4	5
Feelings of tension, stiffness, lack of flexibility in spine.	1	2	3	4	5	Incidence of menstrual discomfort.	1	2	3	4	5
Incidence of fatigue or low energy.	1	2	3	4	5	Incidence of allergies, eczema, or skin rash.	1	2	3	4	5
Incidence of colds or flu.	1	2	3	4	5	Incidence of dizziness or lightheadedness.	1	2	3	4	5
Incidence of headaches (any kind).	1	2	3	4	5	Incidence of accidents, near accidents, falling, tripping.	1	2	3	4	5

MENTAL/EMOTIONAL STATE

Rate the following questions on a frequency scale of 1-5. 1= Never 2= Rarely 3= Occasional 4= Regularly 5= Constantly

If pain is present, how stressed are you about it?	1	2	3	4	5	Being overly worried about small things.	1	2	3	4	5
Presence of negative or critical feelings about yourself.	1	2	3	4	5	Difficulty thinking or concentrating, indecisiveness.	1	2	3	4	5
Experience moodiness, temper, or angry outbursts.	1	2	3	4	5	Experience vague fears or anxiety.	1	2	3	4	5
Difficulty falling or staying asleep.	1	2	3	4	5	Being fidgety or restless; difficulty sitting still.	1	2	3	4	5
Experience depression or lack of interest.	1	2	3	4	5						

STRESS EVALUATION

Rate the following based on how much stress they cause you. 1= None 2= Slight 3= Moderate 4= Pronounced 5= Extensive

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

LIFE ENJOYMENT

Rate the following questions on a frequency scale of 1-5. 1= Not at all 2= Slight 3= Moderate 4= Considerable 5= Extensive

Experience of relaxation, ease, or well-being.	1	2	3	4	5	Level of compassion for and acceptance of others.	1	2	3	4	5
Interest in maintaining a healthy lifestyle, diet, fitness, etc.	1	2	3	4	5	Satisfaction with the level of recreation in your life.	1	2	3	4	5
Level of confidence in your ability to deal with adversity.	1	2	3	4	5	Time devoted to things you enjoy.	1	2	3	4	5

OVERALL QUALITY OF LIFE

Rate the following questions on a scale of 1-5. 1= Terrible 2= Unhappy 3= Mostly Dissatisfied 4= Mixed 5= Mostly Satisfied 6= Pleased 7= Delighted

Your personal life.	1	2	3	4	5	6	7	The handling of the problems in your life.	1	2	3	4	5	6	7
Your spouse/significant other.	1	2	3	4	5	6	7	Your physical appearance.	1	2	3	4	5	6	7
Your job.	1	2	3	4	5	6	7	The extent to which you adjust to changes in your life.	1	2	3	4	5	6	7
The actual work you do.	1	2	3	4	5	6	7	The extent that life has been what you wanted.	1	2	3	4	5	6	7