

Bara Family Wellness Center

Name: _____

Date: _____

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 colds 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 your self.	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

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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

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V. Overall Quality of Life

Evaluate your feelings relative to the quality of life:

	Terrible	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Pleased	Delighted
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 co-workers.	1	2	3	4	5	6	7
6. The actual work you do.	1	2	3	4	5	6	7
7. The handling of 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-the way you look to others	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 questions with respect to when you first came to 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