Name ____ Date ________________

IIIIIIIIIIIIIIIIIIIIIIIIIIIIII Your Current Health Status IIIIIIIIIIIIIIIIIIIIIIIIIIIIII

Physical State: Rate the following questions on a frequency scale of 1 to 5.
1 = never, 2 = rarely, 3 = occasional, 4 = regularly, 5 = constantly.

1.	Presence of 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.	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 (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 eczema or skin rash.	1	2	3	4	5
9.	Incidence of dizziness or lightheadedness.	1	2	3	4	5
10.	Incidence of accidents or near accidents or falling or tripping.	1	2	3	4	5

Mental/Emotional State: Rate the following questions on a frequency scale of 1 to 5.
1 = 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 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

Stress Evaluation: Evaluate your stress relative to the following with,
1 = none, 2 = slight, 3 = moderate, 4 = pronounced, 5 = extensive.

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.	General well-being	1	2	3	4	5
7.	Emotional well-being	1	2	3	4	5
8.	Coping with daily problems	1	2	3	4	5

Life Enjoyment: Rate the following questions on a degree scale of 1 – 5 with,

1 = extensive, 2 = considerable, 3 = moderate, 4 = slight, 5 = not at all.

1.	Experience of relaxation or ease or wellbeing.	1	2	3	4	5
2.	Presence of positive feelings about yourself.	1	2	3	4	5
3.	Interest in maintaining a healthy lifestyle (e.g., diet, fitness, etc.).	1	2	3	4	5
4.	Feeling of being open and aware/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.	Satisfaction 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: Evaluate your feelings relative to the quality of your life with,

1 = delighted, 2 = pleased, 3 = mostly satisfied, 4 = mixed, 5 = mostly dissatisfied, 6 = unhappy, 7 = terrible.

1.	Your personal life.	1	2	3	4	5	6	7
2.	Your job.	1	2	3	4	5	6	7
3.	Your co-workers.	1	2	3	4	5	6	7
4.	The actual work you do.	1	2	3	4	5	6	7
5.	Your handling of problems in your life.	1	2	3	4	5	6	7
6.	What you are actually accomplishing in your life.	1	2	3	4	5	6	7
7.	Yourself.	1	2	3	4	5	6	7
8.	The extent to which you adjust to changes in your life.	1	2	3	4	5	6	7
9.	Your life as a whole.	1	2	3	4	5	6	7

Any other Comments?

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