

North Texas Family Health Health Status Questionnaire

Patient Name: _____ Date: _____

Circle the number that best responds to the frequency of the statement or question.

Physical State

Rate the following on a frequency scale of 1 to 5	<u>Never</u>	<u>Rare</u>	<u>Occasional</u>	<u>Regular</u>	<u>Constant</u>
Presence of physical pain (neck/back ache, sore joints or muscles, etc.)	1	2	3	4	5
Feeling of tension, stiffness, or lack of flexibility in your spine.	1	2	3	4	5
Incidence of fatigue or low energy	1	2	3	4	5
Incidence of headaches (of any kind)	1	2	3	4	5
Incidence of nausea, vomiting, diarrhea, or constipation.	1	2	3	4	5
Incidence of allergies, eczema, or skin rash.	1	2	3	4	5
Incidence of dizziness or lightheadedness.	1	2	3	4	5
Incidence of accidents, near accidents, falling, or tripping.	1	2	3	4	5
Incidence of illness, colds, and flu.	1	2	3	4	5
(women only) Incidence of menstrual discomfort.	1	2	3	4	5

Mental/Emotional State

Rate the following on a frequency scale of 1 to 5	<u>Never</u>	<u>Rare</u>	<u>Occasional</u>	<u>Regular</u>	<u>Constant</u>
If pain is present, how stressed are you about it?	1	2	3	4	5
Presence of negative or critical feelings about yourself.	1	2	3	4	5
Experience of moodiness or temper/angry outbursts.	1	2	3	4	5
Experience of depression or lack of interest.	1	2	3	4	5
Being overly worried about small things.	1	2	3	4	5
Difficulty thinking, concentrating, or indecisiveness.	1	2	3	4	5
Experience vague fears or anxiety.	1	2	3	4	5
Being fidgety, restless, difficulty sitting still.	1	2	3	4	5
Difficulty falling or staying asleep.	1	2	3	4	5
Experience of recurring thoughts or dreams.	1	2	3	4	5

Stress Evaluation

Evaluate you stress relative to the following with:	<u>Never</u>	<u>Low</u>	<u>Medium</u>	<u>High</u>	<u>Extreme</u>
Family	1	2	3	4	5
Significant Relationship	1	2	3	4	5
Personal Health	1	2	3	4	5
Finances	1	2	3	4	5
Sex Life	1	2	3	4	5
Work	1	2	3	4	5
School (if applicable)	1	2	3	4	5
General Well Being (success, failure, stagnation)	1	2	3	4	5
Emotional Well Being (joy, sorrow, dread, fear, etc.)	1	2	3	4	5
Coping with Daily Problems or Tasks	1	2	3	4	5

Life Enjoyment

Rate the following on a scale of 1 to 5	<u>Not at all</u>	<u>Slight</u>	<u>Some- what</u>	<u>Frequ- ent</u>	<u>Exten- sive</u>
Openness to guidance by your "inner voice/feelings"	1	2	3	4	5
Experience of relation, ease, or well-being.	1	2	3	4	5
Presence of positive feelings about yourself.	1	2	3	4	5
Interest in maintaining a healthy lifestyle (diet, fitness, etc.)	1	2	3	4	5
Feeling of openness and awareness/connection when relating to others.	1	2	3	4	5
Level of confidence in your ability to deal with adversity.	1	2	3	4	5
Level of compassion for and acceptance of others.	1	2	3	4	5
Satisfaction with the level of recreation in your life.	1	2	3	4	5
Incidence of feelings of joy and happiness.	1	2	3	4	5
Level of satisfaction with your sex life.	1	2	3	4	5
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:	<u>Terrible</u>	<u>Unhappy</u>	<u>Dis- satisfied</u>	<u>Mixed</u>	<u>Satisfied</u>	<u>Pleased</u>	<u>Delighted</u>
Your personal life.	1	2	3	4	5	6	7
Your significant other/spouse/partner.	1	2	3	4	5	6	7
Your romantic life.	1	2	3	4	5	6	7
Your job/career.	1	2	3	4	5	6	7
Your co-workers	1	2	3	4	5	6	7
The actual work you do.	1	2	3	4	5	6	7
Your handling of problems in your life.	1	2	3	4	5	6	7
What you are accomplishing in your life.	1	2	3	4	5	6	7
Your physical appearance.	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
Your life, as a whole (life's accomplishments)	1	2	3	4	5	6	7
Overall contentment with your life.	1	2	3	4	5	6	7
The extent to which your life has been what you wanted or expected.	1	2	3	4	5	6	7