Ehresman Family Chiropractic

23160 NE State Route 3
Belfair, WA 98528
(360) 275-4401

Carl E Ehresman II, D. C. **Kimberly Ehresman NTP**

Name:________________________________ **Date:**______________________

Health, Wellness & Quality of Life Questionnaire

I.Physical State

Rate the following questions with respect to frequency: (0-5) 0 = Never, 5 = Constant

1. Presence of Physical pain (neck/back ache, sore arms/legs) 0 1 2 3 4 5
2. Feeling of tension or stiffness or lack of flexibility in your spine 0 1 2 3 4 5
3. Incidence of fatigue or low energy. 0 1 2 3 4 5
4. Incidence of colds and flu. 0 1 2 3 4 5
5. Incidence of headaches (of any kind). 0 1 2 3 4 5
6. Incidence of nausea or constipation. 0 1 2 3 4 5
7. Incidence of menstrual discomfort. 0 1 2 3 4 5
8. Incidence of allergies or skin rashes. 0 1 2 3 4 5
9. Incidence of dizziness or light-headedness. 0 1 2 3 4 5
10. Incidence of accidents or near accidents or falling or tripping. 0 1 2 3 4 5

II. Mental/ Emotional State

Rate the following questions with respect to frequency: (0-5) 0 = Never, 5 = Constant

1. If pain is present, how distressed are you about it? 0 1 2 3 4 5
2. Presence of negative or critical feelings about your self. 0 1 2 3 4 5
3. Experience of moodiness or temper or angry outbursts. 0 1 2 3 4 5
4. Experience of depression or lack of interest. 0 1 2 3 4 5
5. Being overly worried about small things. 0 1 2 3 4 5
6. Difficulty thinking or concentrating or indecisiveness. 0 1 2 3 4 5
7. Experience of vague fears or anxiety. 0 1 2 3 4 5
8. Being fidgety or restless; difficulty sitting still. 0 1 2 3 4 5
9. Difficulty falling or staying asleep. 0 1 2 3 4 5
10. Experience of recurring thoughts or dreams. 0 1 2 3 4 5

III. Stress Evaluation

Evaluate your stress relative to the following: 0 = None, 5 = Severe

1. Family 0 1 2 3 4 5
2. Significant Relationship 0 1 2 3 4 5
3. Health 0 1 2 3 4 5
4. Finances 0 1 2 3 4 5
5. Sex Life 0 1 2 3 4 5
6. Work 0 1 2 3 4 5
7. School 0 1 2 3 4 5
8. General well-being 0 1 2 3 4 5
9. Emotional well-being 0 1 2 3 4 5
10. Coping with daily problems 0 1 2 3 4 5

IV. Life Enjoyment

Rate the following on a degree scale of 1-5: 1 = Not at all, 5 = 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 life style (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
11. Time devoted to things you enjoy. 1 2 3 4 5

V. Overall Quality of Life

Evaluate your feelings relative to the quality of life: (1-7) 1 = Terrible, 7 = 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 you 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. Yourself. 1 2 3 4 5 6 7
11. Your ability to adjust to change in you 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 cam to this office:
1= Better, 2 = Same, 3 = 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: 1 2 3
4. Overall my enjoyment of life is: 1 2 3
5. Overall my quality of life is: 1 2 3