

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_ Case #: \_\_\_\_\_

Network Spinal Analysis: **Health, Wellness and Quality of Life Questionnaire**

Answer each section: place a circle around the number that best represents you *now*.

I. Physical State

Rate the following with respect to frequency:

	Never	Rarely	Occasionally	Regularly	Constantly
1. Presence of physical pain	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, near accidents, falling or tripping	1	2	3	4	5

II. Mental/Emotional State

Rate the following 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 yourself	1	2	3	4	5
3. Experience of moodiness, temper or anger	1	2	3	4	5
4. Experience of depression, lack of interest	1	2	3	4	5
5. Being overly worried about things	1	2	3	4	5
6. Difficulty thinking or concentrating, indecisiveness	1	2	3	4	5
7. Experience of vague fears or anxiety	1	2	3	4	5
8. Being fidgety, restless or 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

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:*

	Not at all	Slight	Moderate	Considerable	Extensive
1. Openness to guidance from your "inner voice/feelings"	1	2	3	4	5
2. Experience of relaxation, 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	1	2	3	4	5
5. Feelings of being open, 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 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 spouse, partner or significant other	1	2	3	4	5	6	7
3. Your romantic life	1	2	3	4	5	6	7
4. Your job/career	1	2	3	4	5	6	7
5. Your co-workers, staff or employees	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 life	1	2	3	4	5	6	7
9. Your physical appearance	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

*To be completed for Re-evaluations only*

**VI. Overall Impressions:**

*Answer each question 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