

Network Spinal Analysis ✧ Somato Respiratory Integration

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

NAME: _____

DATE: _____

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

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

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 CHALLENGES	1	2	3	4	5

LIFE ENJOYMENT:

RATE THE FOLLOWING AS APPLICABLE TO YOUR LIFE

		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 ADYERSITY.	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

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/WORK.	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.	PHYSICAL APPEARANCE - THE WAY YOU LOOK TO OTHERS.	1	2	3	4	5	6	7
10.	PHYSICAL APPEARANCE - THE WAY YOU LOOK AT 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

OVERALL INTERNAL AWARENESS

SKIP THIS SECTION IF THIS IS YOUR FIRST VISIT.

ANSWER THESE QUESTIONS IN COMPARISON TO HOW YOU FELT WHEN YOU FIRST CAME TO THE OFFICE:

YOU MAY CHOOSE MORE THAN ONE ANSWER AND/OR ADD SHORT DESCRIPTIONS AT BOTTOM

		BETTER	SAME	WORSE	MORE CREATIVE RESPONSES	AWARE OF MORE CHOICES
1.	OVERALL MY PHYSICAL WELL-BEING IS:	1	2	3	4	5
2.	OVERALL MY MENTAL STATE IS:	1	2	3	4	5
3.	OVERALL MY EMOTIONAL STATE IS:	1	2	3	4	5
4.	OVERALL MY ABILITY TO HANDLE STRESS IS:	1	2	3	4	5
5.	OVERALL MY ENJOYMENT OF LIFE IS:	1	2	3	4	5
6.	OVER MY QUALITY OF LIFE IS:	1	2	3	4	5
7.	INCIDENCE OF MENSTRUAL DISCOMFORT	1	2	3	4	5