

HEALTH ASSESSMENT:

NAME:

Today's Date: __/__/_____

This is a questionnaire that assists you to "quantify" your general health: Think of your health over the last month and tick inside the box which most closely corresponds to how you feel about each description in both the regularity and severity sections. (i.e. You will have two ticks in each row next to each description, one for regularity and one for severity.)

	REGULARITY					SEVERITY				
	Never	Rarely	Someti mes	Often	Always	None	Mild	Moderat e	Severe	Unbear able
Aches and pains										
Angry or frustrated										
Asthma, cough or breathing problems										
Bad posture										
Concentration or thinking problems										
Dissatisfied with appearance or shape										
Feel isolated or lonely										
Feel sick or unwell										
Headaches										
Health affects family or relationships										
Heart, circulation or chest problems										
Hormonal, menstrual or sexual difficulties										
Infections or allergies										
Low energy or fatigue										
Make bad dietary choices										
Make bad lifestyle choices										
Nausea, reflux or digestive problems										
Not enough exercise										
Pains in hands, feet, arms &/or legs										
Poor fitness level										
Really tired on days off										
Restricted in basic daily activities										
Restricted in work or recreational activities										
Sad, depressed, unhappy or upset										
Take over the counter medication										
Take prescription medication										
Tummy or abdominal pains or problems										
Unhappy at home &/or work										
Vomiting, constipation or diarrhea										
Multiply # in each column	0	1X _ =	2X _ =	3X _ =	4X _ =	0	1X _ =	2X _ =	3X _ =	4X _ =
SUBTOTAL										
TOTAL										