

HEALTH ASSESSMENT:

NAME:

Today's Date: __/__/----

This is a questionnaire that assists you to “quantify” your health.

The health checklist: Read each description and tick inside the box which most closely corresponds to how you feel about each one in both the regularity and severity sections. (i.e. You will have two ticks in each row next to each description, one for the regularity and one for the severity.)

	REGULARITY					SEVERITY				
	Never	Rarely	Sometimes	Often	Always	None	Mild	Moderate	Severe	Unbearable
Angry or frustrated										
Asthma, cough or breathing problems										
Bad posture										
Concentration or thinking problems										
Feel generally sick or unwell										
Feeling isolated or lonely										
Forget to exercise										
Generalised aches and pains										
Headaches										
Health affects family activities										
Heart or circulation problems										
Infections										
Low energy										
Office Use Only										

	<u>REGULARITY</u>					<u>SEVERITY</u>				
	Never	Rarely	Sometimes	Often	Always	None	Mild	Moderate	Severe	Unbearable
Make bad dietary choices										
Make bad lifestyle choices										
Nausea										
Pains in hands, feet, arms and/or legs										
Poor fitness level										
Really tired on days off										
Sad, depressed, unhappy or upset										
Take over the counter medications										
Tummy/abdominal pains										
Unhappy or unsatisfied at home and/or work										
Use prescription medication										
Vomiting, constipation or diarrhea										
Office Use Only	0	1X _ =	2X _ =	3X _ =	4X _ =	0	1X _ =	2X _ =	3X _ =	4X _ =

Office Use Only

A) Regularity Total = _____ B) Severity Total = _____ C) Total = _____

A) & B): I = 0-20, II = 21-40, III = 41-60, IV = 61-80, V = 81-100; C) I = 0-40, II = 41-80, III = 81-120, IV = 121-160, V = 161-200.