

YOUR PERSONAL WELLNESS REVIEW

PHYSICAL STATE

Rate the following questions on a frequency scale of 1-5. 1= Never 2= Rarely 3= Occasional 4= Regularly 5= Constantly

| | | | | | | | | | | | |
|---|---|---|---|---|---|--|---|---|---|---|---|
| Presence of physical pain, neck/backache, soreness, etc. | 1 | 2 | 3 | 4 | 5 | Incidence of nausea or constipation. | 1 | 2 | 3 | 4 | 5 |
| Feelings of tension, stiffness, lack of flexibility in spine. | 1 | 2 | 3 | 4 | 5 | Incidence of menstrual discomfort. | 1 | 2 | 3 | 4 | 5 |
| Incidence of fatigue or low energy. | 1 | 2 | 3 | 4 | 5 | Incidence of allergies, eczema, or skin rash. | 1 | 2 | 3 | 4 | 5 |
| Incidence of colds or flu. | 1 | 2 | 3 | 4 | 5 | Incidence of dizziness or lightheadedness. | 1 | 2 | 3 | 4 | 5 |
| Incidence of headaches (any kind). | 1 | 2 | 3 | 4 | 5 | Incidence of accidents, near accidents, falling, tripping. | 1 | 2 | 3 | 4 | 5 |

MENTAL/EMOTIONAL STATE

Rate the following questions on a frequency scale of 1-5. 1= Never 2= Rarely 3= Occasional 4= Regularly 5= Constantly

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|---|---|---|---|---|---|---|---|---|---|---|---|
| If pain is present, how stressed are you about it? | 1 | 2 | 3 | 4 | 5 | Being overly worried about small things. | 1 | 2 | 3 | 4 | 5 |
| Presence of negative or critical feelings about yourself. | 1 | 2 | 3 | 4 | 5 | Difficulty thinking or concentrating, indecisiveness. | 1 | 2 | 3 | 4 | 5 |
| Experience moodiness, temper, or angry outbursts. | 1 | 2 | 3 | 4 | 5 | Experience vague fears or anxiety. | 1 | 2 | 3 | 4 | 5 |
| Difficulty falling or staying asleep. | 1 | 2 | 3 | 4 | 5 | Being fidgety or restless; difficulty sitting still. | 1 | 2 | 3 | 4 | 5 |
| Experience depression or lack of interest. | 1 | 2 | 3 | 4 | 5 | | | | | | |

STRESS EVALUATION

Rate the following based on how much stress they cause you. 1= None 2= Slight 3= Moderate 4= Pronounced 5= Extensive

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|--------------------------|---|---|---|---|---|----------------------------|---|---|---|---|---|
| Family | 1 | 2 | 3 | 4 | 5 | School | 1 | 2 | 3 | 4 | 5 |
| Significant relationship | 1 | 2 | 3 | 4 | 5 | General well-being | 1 | 2 | 3 | 4 | 5 |
| Health | 1 | 2 | 3 | 4 | 5 | Emotional well-being | 1 | 2 | 3 | 4 | 5 |
| Finances | 1 | 2 | 3 | 4 | 5 | Coping with daily problems | 1 | 2 | 3 | 4 | 5 |
| Work | 1 | 2 | 3 | 4 | 5 | | | | | | |

LIFE ENJOYMENT

Rate the following questions on a frequency scale of 1-5. 1= Not at all 2= Slight 3= Moderate 4= Considerable 5= Extensive

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|--|---|---|---|---|---|---|---|---|---|---|---|
| Experience of relaxation, ease, or well-being. | 1 | 2 | 3 | 4 | 5 | Level of compassion for and acceptance of | 1 | 2 | 3 | 4 | 5 |
| Interest in maintaining a healthy lifestyle, diet, fitness, etc. | 1 | 2 | 3 | 4 | 5 | Satisfaction with the level of recreation in your life. | 1 | 2 | 3 | 4 | 5 |
| Level of confidence in your ability to deal with | 1 | 2 | 3 | 4 | 5 | Time devoted to things you enjoy. | 1 | 2 | 3 | 4 | 5 |

OVERALL QUALITY OF LIFE

Rate the following questions on a scale of 1-5. 1= Terrible 2= Unhappy 3= Mostly Dissatisfied 4= Mixed 5= Mostly Satisfied 6= Pleased 7= Delighted

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|--------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Your personal life. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | The handling of the problems in your life. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Your spouse/significant other. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | Your physical appearance. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Your job. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | The extent to which you adjust to changes in your life. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| The actual work you do. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | The extent that life has been what you wanted. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |