Back to Life Wellness Center
208 Fairmount Avenue, Philadelphia, PA 19123
215-928-8898
Dr. Terrie Lewine

We offer you skills to live well.

HEALTH, WELLNESS & QUALITY OF LIFE QUESTIONNAIRE

Answer each of the questions below by **checking the box(es)** that best represent you at this time.

NAME DATE:

PHYSICAL STATE

	NEVER	RARELY	OCCASIONALLY	REGULARLY	CONSTANTLY
Presence of physical pain (neck/back ache/sore arms/legs, etc.)					
Feeling of tension or stiffness or lack of flexibility in your spine					
Incidence of fatigue or low energy					
Incidence of colds and flu					
Incidence of headaches (of any kind)					
Incidence of nausea or constipation					
Incidence of menstrual discomfort					
Incidence of allergies or skin rashes					
Incidence of dizziness or light-headedness					
Incidence of accidents or near accidents or falling or tripping					

MENTAL/EMOTIONAL STATE

	NEVER	RARELY	OCCASIONALLY	REGULARLY	CONSTANTLY
If pain is present, how distressed are you about it?					
Presence of negative or critical feelings about yourself?					
Experience of moodiness or temper or angry outbursts					
Experience of depression or lack of interest					
Being overly worries about small things					
Difficulty thinking or concentrating or indecisiveness					
Experience of vague fears or anxiety					
Being fidgety or restless; difficulty sitting/being still					
Difficulty falling or staying asleep					
Experience of recurring thoughts or dreams					

STRESS EVALUATION

	NONE	SLIGHT	MODERATE	PRONOUNCED	EXTENSIVE
Family					
Significant Relationship					
Health					
Finances					
Sexual Connection(s)					
Work/Career/School					
General well-being					
Emotional well-being					
Coping with daily challenges					

LIFE ENJOYMENT

	NOT AT ALL	SLIGHT	MODERATE	CONSIDERABLE	EXTENSIVE
Openness to guidance from your inner voice / feelings					
Experience of relaxation, ease or well-being					
Positive feelings about yourself					
Feeling open and connected when relating to others					
Interest in maintaining a healthy lifestyle					
Confidence in your ability to deal with adversity					
Compassion and acceptance of others					
Satisfaction with amount and quality of recreation in your life					
Feeling joy or happiness					
Satisfaction with your sex life – quantity and quality					
Time devoted to things you enjoy					

OVERALL QUALITY OF LIFE

	UNHAPPY	MIXED	MOSTLY SATISFIED	PLEASED	DELIGHTED
Personal Life					
Relationship with significant other (primary relationships)					
Romantic and sex life					
Job / work / professional life					
Co-workers					
The job you actually do					
The way you handle problems in your life					
Your physical appearance – how you look to yourself					
Your ability to adjust to change in your life					
Overall contentment with your life					
What you are actually accomplishing in your life					

OVERALL INTERNAL AWARENESS

SKIP THIS SECTION IF TODAY IS YOUR FIRST VISIT ANSWER THESE QUESTIONS IN COMPARISON TO WHEN YOU FIRST CAME INTO THE OFFICE FOR CARE.	BETTER	SAME	WORSE	MORE CREATIVE RESPONSES	AWARE OF MORE CHOICES
My overall physical well-being is...					
My overall mental state is...					
My overall emotional state is...					
My overall ability to handle stress is...					
My overall life enjoyment is...					
Overall my quality of life is...					

ADDITIONAL COMMENTS: