

West Edmonton Family Chiropractic Centre
“Charging Towards Optimal Health”

Quality of Life Evaluation

Evaluate your stress level relative to each. Please circle the appropriate number.

1=none 2=slight 3=moderate 4=pronounced 5=extensive

Family 1 2 3 4 5

Significant Relationship 1 2 3 4 5

Health 1 2 3 4 5

Finances 1 2 3 4 5

Sexual Relationship 1 2 3 4 5

Work 1 2 3 4 5

General Well-being 1 2 3 4 5

Emotional Well-being 1 2 3 4 5

Coping with daily challenges 1 2 3 4 5

Evaluate your physical, emotional and mental well-being. Circle the appropriate number.

1=none 2=slight 3=moderate 4=pronounced 5=extensive

Incidence of fatigue or low energy 1 2 3 4 5

Experience of depression or lack of interest 1 2 3 4 5

Being fidgety or restless, difficulty sitting still 1 2 3 4 5

Difficulty falling or staying asleep 1 2 3 4 5

Being overly worried about small things 1 2 3 4 5

Experience of vague fears or anxiety 1 2 3 4 5

Feeling tension/stiffness/lack of flexibility in your spine 1 2 3 4 5

Incidence of cold or flu 1 2 3 4 5

Incidence of allergies, eczema or skin rashes 1 2 3 4 5

Incidence of dizziness or light-headedness 1 2 3 4 5

Incidence of nausea or constipation 1 2 3 4 5

Incidence of menstrual discomfort 1 2 3 4 5

Incidence of accidents, close calls, always falling/tripping 1 2 3 4 5

Experience of recurring thoughts or dreams 1 2 3 4 5

Time devoted to things you enjoy 1 2 3 4 5

Incidence of feelings of joy and/or happiness 1 2 3 4 5

Feelings of being open and connected when relating to others 1 2 3 4 5

Rate the following statements on a *FREQUENCY* scale. Circle the appropriate number.

1=never 2=rarely 3=occasionally 4=regularly 5=constantly

Presence of physical pain 1 2 3 4 5

If pain is present, level of distress about it 1 2 3 4 5

Difficulty thinking, concentrating or indecisiveness 1 2 3 4 5

Presence of negative/critical feelings about yourself 1 2 3 4 5

Experience of moodiness or temper 1 2 3 4 5

Experience of relaxation, ease or well-being 1 2 3 4 5

Presence of positive feelings about yourself 1 2 3 4 5

Openness to guidance by your "inner voice" or feelings 1 2 3 4 5

Satisfaction with the level of recreation in your life 1 2 3 4 5

Level of satisfaction with your sexual relationships 1 2 3 4 5

Level of confidence in your ability to deal with adversity 1 2 3 4 5

Level of compassion for and acceptance of others 1 2 3 4 5

Interest in maintaining a healthy lifestyle (diet, fitness) 1 2 3 4 5

Evaluate your *FEELINGS* relative to each component of your life. Circle the appropriate number.

1=terrible 2=unhappy 3=mostly dissatisfied 4= mixed 5= mostly satisfied 6=pleased 7=delighted

Your personal life 1 2 3 4 5 6 7

Your romantic life 1 2 3 4 5 6 7

Your job 1 2 3 4 5 6 7

Your co-workers 1 2 3 4 5 6 7

The actual work you do 1 2 3 4 5 6 7

Your handling of challenges in your life 1 2 3 4 5 6 7

What you are accomplishing in your life 1 2 3 4 5 6 7

Your physical appearance-how you look to others 1 2 3 4 5 6 7

Your self 1 2 3 4 5 6 7

The extent to which you adjust to change in life 1 2 3 4 5 6 7

Your life as a whole 1 2 3 4 5 6 7

Overall contentment with your life 1 2 3 4 5 6 7

Extent to which your life is what you wanted it to be 1 2 3 4 5 6 7

On a scale of 1-10, with ten being the healthiest, how would you rate your overall health?

1 2 3 4 5 6 7 8 9 10

Name: _____

Signature: _____

Date: _____