

Health Status Questionnaire

The combination of Gentle Ah-h-h-justments, Flower Essences, Medicinal Aromatherapy, Reiki and Spiritual Guidance offered at Ah-h-h-justing To Life provides for a unique and elegant approach to wholeness. In choosing this synergistic model of healing, you will find that all areas of your life improve in ways you would not have otherwise imagined. Please answer the following questions as honestly as you can as they will provide a foundation for just how far you can potentially travel on your path.

Name: _____ Date: _____

Physical State: Rate the following questions on a frequency scale of 1 to 5.
1=never, 2=rarely, 3=occasional, 4=regularly, 5=constantly

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|---|---|---|---|---|---|
| 1. Presence of physical pain (neck/back ache, sore arms/legs... | 1 | 2 | 3 | 4 | 5 |
| 2. Feeling of tension, stiffness, or lack of flexibility in your spine. | 1 | 2 | 3 | 4 | 5 |
| 3. Incidence of fatigue or low energy. | 1 | 2 | 3 | 4 | 5 |
| 4. Incidence of colds or flu. | 1 | 2 | 3 | 4 | 5 |
| 5. Incidence of headaches (any kind). | 1 | 2 | 3 | 4 | 5 |
| 6. Incidence of nausea or constipation. | 1 | 2 | 3 | 4 | 5 |
| 7. Incidence of menstrual discomfort. | 1 | 2 | 3 | 4 | 5 |
| 8. Incidence of allergies or eczema or skin rash. | 1 | 2 | 3 | 4 | 5 |
| 9. Incidence of dizziness or lightheadedness. | 1 | 2 | 3 | 4 | 5 |
| 10. Incidence of accidents or near accidents, falling or tripping. | 1 | 2 | 3 | 4 | 5 |

Mental/Emotional State: Rate the following questions on a frequency scale of 1 to 5.
1=never, 2=rarely, 3=occasional, 4=regularly, 5=constantly

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| 1. If pain is present, how stressed are you about it? | 1 | 2 | 3 | 4 | 5 |
| 2. Presence of negative or critical feelings about yourself. | 1 | 2 | 3 | 4 | 5 |
| 3. Experience of moodiness or temper or angry outbursts. | 1 | 2 | 3 | 4 | 5 |
| 4. Experience of depression or lack of interest. | 1 | 2 | 3 | 4 | 5 |
| 5. Being overly worried about small things. | 1 | 2 | 3 | 4 | 5 |
| 6. Difficulty thinking or concentrating or indecisiveness. | 1 | 2 | 3 | 4 | 5 |
| 7. Experience of vague fears or anxiety. | 1 | 2 | 3 | 4 | 5 |
| 8. Being fidgety or restless; difficulty sitting still. | 1 | 2 | 3 | 4 | 5 |
| 9. Difficulty falling asleep or staying asleep. | 1 | 2 | 3 | 4 | 5 |
| 10. Experience of recurring thoughts or dreams. | 1 | 2 | 3 | 4 | 5 |

Stress Evaluation: Evaluate your stress relative to the following with,
1=none, 2=slight, 3=moderate, 4=pronounced, 5=extensive

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|--------------------------------|---|---|---|---|---|
| 1. Family | 1 | 2 | 3 | 4 | 5 |
| 2. Significant relationship | 1 | 2 | 3 | 4 | 5 |
| 3. Health | 1 | 2 | 3 | 4 | 5 |
| 4. Finances | 1 | 2 | 3 | 4 | 5 |
| 5. Sex Life | 1 | 2 | 3 | 4 | 5 |
| 6. Work | 1 | 2 | 3 | 4 | 5 |
| 7. School | 1 | 2 | 3 | 4 | 5 |
| 8. General Well Being | 1 | 2 | 3 | 4 | 5 |
| 9. Emotional Well Being | 1 | 2 | 3 | 4 | 5 |
| 10. Coping With Daily Problems | 1 | 2 | 3 | 4 | 5 |

Health Status Questionnaire Continued

Life Enjoyment: Rate the following on a scale of 1-5 with, 1=not at all, 2=slight, 3=moderate, 4=considerate, 5=extensive

1. Openness to guidance by your "inner voice/feelings."	1	2	3	4	5
2. Experience of relaxation or ease or well being.	1	2	3	4	5
3. Presence of positive feelings about yourself.	1	2	3	4	5
4. Interest in maintaining a healthy lifestyle. (i.e. diet, fitness)	1	2	3	4	5
5. Feeling of being open and aware/connected when relating to others.	1	2	3	4	5
6. Level of confidence in your ability to deal with adversity.	1	2	3	4	5
7. Level of compassion and acceptance of others.	1	2	3	4	5
8. Satisfaction with the level of recreation in your life.	1	2	3	4	5
9. Incidence of feelings of joy and or happiness.	1	2	3	4	5
10. Level of satisfaction with your sex life.	1	2	3	4	5

Overall Quality of Life: Evaluate your feelings relative to the quality of your life with, 1=terrible, 2=unhappy, 3=mostly dissatisfied, 4=mixed, 5=mostly satisfied, 6=pleased, 7=delighted

1. Your personal life.	1	2	3	4	5	6	7
2. Your partner/significant other.	1	2	3	4	5	6	7
3. Your romantic life.	1	2	3	4	5	6	7
4. Your job.	1	2	3	4	5	6	7
5. Your co-workers.	1	2	3	4	5	6	7
6. The actual work you do.	1	2	3	4	5	6	7
7. Your handling of problems in your life.	1	2	3	4	5	6	7
8. What you are actually accomplishing in your life.	1	2	3	4	5	6	7
9. Your physical appearance - the way you look to others.	1	2	3	4	5	6	7
10. Your self.	1	2	3	4	5	6	7
11. The extent to which you adjust to changes in your life.	1	2	3	4	5	6	7
12. Your life as a whole.	1	2	3	4	5	6	7
13. Overall contentment with your life.	1	2	3	4	5	6	7
14. The extent to which your life has been what you wanted.	1	2	3	4	5	6	7

I look forward to serving you,

In Peace,

