Healthy Living Questionnaire 2011

Name: _______________________________ Date: ____________

Program: ____________________________

Are you working on health goals in any of the following areas?: ☐ Mental Health ☐ Check-ups ☐ Exercise
☐ Healthy Foods ☐ Sex ☐ Medications ☐ Smoking ☐ ER ☐ COPD ☐ Teeth

I participate in the Healthy Living Program: (Check all that apply) ☐ In groups ☐ Through discussions with my clinician

1. Overall, how would you rate your health during the past 4 weeks?
   ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Very Poor

2. During the past 4 weeks, how much did physical health problems limit your usual physical activities (such as walking or climbing stairs)?
   ☐ Not at all ☐ Very little ☐ Somewhat ☐ Quite a lot ☐ Could not do physical activities

3. During the past 4 weeks, how much difficulty did you have doing your daily work, both at home and away from home, because of your physical health?
   ☐ None at all ☐ A little bit ☐ Some ☐ Quite a lot ☐ Could not do daily work

4. How much bodily pain have you had during the past 4 weeks?
   ☐ None ☐ Very mild ☐ Mild ☐ Moderate ☐ Severe ☐ Very Severe

5. During the past 4 weeks, how much energy did you have?
   ☐ Very much ☐ Quite a lot ☐ Some ☐ A little ☐ None

6. During the past 4 weeks, how much did your physical health or emotional problems limit your usual social activities with family or friends?
   ☐ Not at all ☐ Very little ☐ Somewhat ☐ Quite a lot ☐ Could not do social activities

7. During the past 4 weeks, how much have you been bothered by emotional problems (such as feeling anxious, depressed or irritable)?
   ☐ Not at all ☐ Slightly ☐ Moderately ☐ Quite a lot ☐ Extremely

8. During the past 4 weeks, how much did personal or emotional problems keep you from doing your usual work, school or other daily activities?
   ☐ Not at all ☐ Very little ☐ Somewhat ☐ Quite a lot ☐ Could not do daily activities

9. During the past 4 weeks, how often did your dinner include at least one vegetable per day?
   ☐ Not at all ☐ Very little ☐ Sometimes ☐ Quite a lot ☐ All the time

10. During the past 4 weeks, how often did you engage in some form of exercise?
Not at all  Very little  Sometimes  Quite a lot  Very frequently

11. During the **past 4 weeks**, how often did you take all of your medications as prescribed?
   Not at all  Very little  Sometimes  Quite a lot  All the time

12. During the **past 4 weeks**, how often did you brush your teeth twice a day?
   Not at all  Rarely  Usually  All the time  Not applicable

13. During the **past 4 weeks**, when having sex, how often did you use a condom?
   Not at all  Rarely  Usually  All the time  Not applicable

14. During the **past 4 weeks**, how often did you smoke?
   Not at all  Very little  Sometimes  Quite a lot  Very frequently

15. I believe that I can make changes that will improve my physical health.
   Totally agree  Agree a little  Disagree

16. I believe that I can make changes that will improve my mental health
   Totally agree  Agree a little  Disagree

*Please note that the following questions refer to different time frames than the previous questions.*

17. During the **past year**, how often did you visit your primary care provider?
   0 times  1 time  2 times  3 times  4 or more times

18. During the **past 3 months**, how many times did you visit the Emergency Room?
   0 times  1 time  2 times  3 times  4 or more times
   → The reason was (check all that apply):  My mental health  My physical Health

19. During the **past 3 months**, how many times were you admitted to a hospital?
   0 times  1 time  2 times  3 times  4 or more times
   → The reason was (check all that apply):  My mental health  My physical Health

*Thank you for completing these questions!*