

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

- Overall, how would you rate your health during the **past 4 weeks**?
Excellent Very Good Good Fair Poor Very Poor
- 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
- 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
- How much bodily pain have you had during the **past 4 weeks**?
None Very mild Mild Moderate Severe Very Severe
- During the **past 4 weeks**, how much energy did you have?
Very much Quite a lot Some A little None
- 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
- 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
- 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
- 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
- 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!