

Healthy Living Questionnaire 2019

Name: _____ Date: _____

Program: _____

Are you working on health goals in any of the following areas? Mental Health Check-ups Exercise
 Healthy Foods Sex Medications 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

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!