

Patient Quality of Life Survey

Wellness 1st Integrative Medical Center, LLC

Name: _____ Age: _____ Date: _____

Please answer these questions regarding your NEUROPATHY so we can help you get better. (Circle as many that apply)

1. *How have you taken care of your health in the past?*

Medication ER Routine Medical Exercise Nutrition/Diet Holistic Care Vitamins Chiropractic Other: _____

2. *How did the previous method(s) work out for you?*

Bad results Some results Great results No change Not get worst Confused Not work long Still trying/ searching Other: _____

3. *How have others been affected by your health condition?*

No one is affected They tell me to do something People avoid me Other: _____

4. *What are you afraid this might be affecting/ or beginning to affect/ or will be affecting?*

Job Marriage/Relationship Kids Future abilities Time Sleep Finances Freedom Self Esteem Other: _____

5. *Are there health conditions you are afraid this might turn into?*

Family health problems Heart disease Cancer Diabetes Arthritis Fibromyalgia Amputation Chronic fatigue Need for Surgery

Wheel chair Depression Weight Gain Other: _____

6. *How has your health condition affected your Job, Relationship, Finances, Family, or Other Activities?*

Please give examples: _____

7. a. *What has that cost you so far?(Time, Money, Relationship, Stress, Happiness, Freedom, Sleep, Promotion, etc.)?*

Give 3 examples: _____

b. *If you leave your condition alone, it will get worst. How much money will it cost you approximately? (Loss of income, extra doctor visits, medications, strain on relationship, emergency room visits, equipment purchases, etc.)*

8. *What are you most concerned with regarding your problem/s? Be specific.* _____

9. *Where do you picture yourself being in the next 3-5 years if this problem is not taken care of? Be specific.*

10. *What would be different/better without this problem? Be specific.* _____

11. *What would that mean to you? Be specific.* _____

12. *How long do you estimate it will take to get you better? 3 months 6 months 1 year 2 years Other: _____*