

## PATIENT QUALITY OF LIFE SURVEY



Alpha Health Center  
Dr. Jeff W. Lissenden, DC  
Chiropractic Physician

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please take several minutes to answer these questions so that we can help you improve your health.  
(Please circle as many that apply)

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

- a. Medications
- b. Emergency Room
- c. Routine Medical
- d. Exercise
- e. Nutrition/Diet
- f. Holistic Care
- g. Vitamins
- h. Chiropractic
- i. Other (please specify): \_\_\_\_\_

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

- a. Bad results
- b. Some results
- c. Great results
- d. Nothing changed
- e. Did not get worse
- f. Did not work very long
- g. Still trying
- h. Confused

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

- a. No one has been affected
- b. Haven't noticed any problem
- c. They tell me to do something
- d. People avoid me

**4. What are you afraid this might affect?**

- a. Job
- b. Kids
- c. Future ability
- d. Marriage
- e. Self-esteem
- f. Sleep
- g. Time
- h. Finances
- i. Freedom

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

- a. Family Health Problems
- b. Heart Disease
- c. Cancer
- d. Diabetes
- e. Arthritis
- f. Fibromyalgia
- g. Depression
- h. Chronic Fatigue
- i. Need Surgery

6. How has your health condition affected your job, relationships, finances, family, or other activities? Please give examples:

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7. What has that cost you? (time, money, happiness, freedom, sleep, promotion, etc.) Give 3 examples:

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8. What are you most concerned with regarding your problem:

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9. Where do you picture yourself being in the next 1-3 years if this problem is not taken care of? Please be specific.

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10. What would be different/better without this problem? Please be specific.

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11. What do you desire most to get from working with us?

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12. What would that mean to you?

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