

Name \_\_\_\_\_'s (Date \_\_\_\_\_ ) Health Satisfaction Survey

Are you satisfied with your health?

For the following, indicate your response with **Y** (Yes) or **NYY** (Not Yet Yes)

**I am satisfied with my:**

- \_\_\_\_\_ Breathing
  - \_\_\_\_\_ Physical Comfort
  - \_\_\_\_\_ Taking care of myself (dressing, bathing, eating, getting up & down)
  - \_\_\_\_\_ Emotional health
  - \_\_\_\_\_ Ability to think
  - \_\_\_\_\_ Circulation
  - \_\_\_\_\_ Seeing
  - \_\_\_\_\_ Skin
  - \_\_\_\_\_ Hearing
  - \_\_\_\_\_ Urinary system
  - \_\_\_\_\_ Moving around
  - \_\_\_\_\_ Bowels
  - \_\_\_\_\_ Smelling
  - \_\_\_\_\_ Nutrition
  - \_\_\_\_\_ Touching
  - \_\_\_\_\_ Ability to cope
  - \_\_\_\_\_ Tasting
  - \_\_\_\_\_ Lifestyle
  - \_\_\_\_\_ Spiritual life
  - \_\_\_\_\_ Sexual life
  - \_\_\_\_\_ Getting around my community
  - \_\_\_\_\_ Relationships
  - \_\_\_\_\_ Recreation
  - \_\_\_\_\_ Level of independence
  - \_\_\_\_\_ Communicating
  - \_\_\_\_\_ Rest/Sleep
  - \_\_\_\_\_ Other:
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"It is possible to enhance both Y and NYY areas of health."