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:

"It is possible to enhance both Y and NYY areas of health."

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