HDI – C

Health Distress Index : Clinical Form

Name or ID : ____________________ Date : _______________

	Symptoms or Experiences During Previous 7 Days Place an "X" mark in the column that applies to you	Degree or Frequency of Experience 0 Never	1 Low	2 Middle	3 High	4 Highest
1.	Difficulty falling asleep at night	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
2.	Difficulty remaining asleep at night	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
3.	Felt sleep duration at night was inadequate or insufficient	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
4.	Tired, drowsy, or fatigued during the day	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
5.	Full of energy and vitality during the day	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
6.	Felt good, happy, euphoric	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
7.	Engaged in fun or enjoyable activities	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
8.	Socialized with people I like to be with	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
9.	Felt confident or optimistic about things	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
10.	Able to work productively and accomplish tasks I set	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
11.	Back pain or backache	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
12.	Headaches	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
13.	Shoulder tension or stiff neck	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
14.	Aches or stiffness in hands, arms, feet, or legs	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
15.	Movements or activities limited by bodily pain	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
16.	Chest pain, chest tightness, or tenderness in breasts	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
17.	Nausea, stomachache, or abdominal discomfort	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
18.	Constipation or diarrhea [*circle which one*]	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
19.	Excessive overeating or binge eating	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
20.	Under eating or low appetite	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
21.	Runny nose, sneezing, or nasal congestion	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
22.	Difficulty breathing, coughing, or lung congestion	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
23.	Sore throat, mouth sores, or swollen lymph glands	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
24.	Felt ill, sick, chills, feverish, or malaise	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
25.	Sweaty palms or general sweating not due to heat	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
26.	Heart pounding, rapid heart beats, or heart palpitations	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
27.	Felt dizzy, unsteady, or faint	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
28.	Trembling, shaky, or easily startled	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
29.	Felt tense, restless, agitated, or on edge	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
30.	Nervous or anxious	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
31.	Felt scared or panicked for no apparent reason	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
32.	Afraid something bad will happen beyond my control	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
33.	Difficulty concentrating or unable to make decisions	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
34.	Depressed, hopeless, or discouraged	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
35.	Felt worthless or miserable	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
36.	Lonely, isolated, or withdrawn	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
37.	Sad, tearful, or cried easily	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
38.	Experienced little interest or pleasure in daily activities	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
39.	Felt irritable, angry, or resentful	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑
40.	Recurrent thoughts that are self-critical or negative	0 ❑	1 ❑	2 ❑	3 ❑	4 ❑

41.	Number of days of physical exercise / average minutes per day	No. Days:_______	Minutes:_______
42.	Number of days of closed-eyes relaxation / average time per day	No. Days:_______	Minutes:_______
43.	Number of days smoked cigarettes / average number per day	No. Days:_______	Number:_______
44.	Number of days consumed alcoholic drinks / number per day	No. Days:_______	Number:_______
45.	Number of days went to work and/or school / typical hours per day	No. Days:_______	Number:_______

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Instructions for Health Distress Index

Overview: The purpose of this health distress survey is assist you in evaluating your personal symptoms of stress, pain, tension, and mood changes during the past week. The Health Distress Index (HDI) focuses upon stress-related experiences that occurred to you over the previous 7 days. You are asked to place an "X" in the appropriate column related to the degree or the frequency of each experience.

Rating Levels: For items #1 to #40, please rate your most typical daily experience for each of the items indicated, using a rating scale ranging from the ***Highest*** level of the presence of that experience, to ***High*** level, to ***Middle*** level, to ***Low*** level, or ***Never*** was there an occurrence of that particular symptom or experience.

Basis of Evaluations: Self-report ratings are very subjective, thus you should anchor your evaluations by comparing them to the range of such experiences that you have previously had in your life. A rating of ***Highest***, for example, would be reserved for the worst night you ever had in falling asleep or remaining asleep, the most severe headache, back pain, or body ache that you have ever suffered, the most bothersome nausea or coughing that you have ever experienced, the most pronounced period of overeating or under eating that you have ever done, the worst feelings of nervousness or depression that you can remember, or the best times of feeling good or working productively that you can remember. To rate such experiences as sweaty palms, you might place your hands on your forehead, whereas to assist your sense of shoulder tension, press your fingers into the muscles of your shoulders.

Number of Experiences: For items #41 to #45 on the Health Distress Index (HDI), please show the number of minutes you engaged in that activity or the number of times you took that item.

Physical Exercise: For item #41, indicate any vigorous physical exercise, such as brisk walking, jogging, going to the gym, or playing a sport. On the HDI – 45 C, indicate the number of days out of 7 days in a week, during which you did any physical exercise or athletic activity. Also show the average number of minutes of exercise on those days that you were active.

Closed-Eyes Relaxation: For item #42, indicate any deep relaxation technique that you do with your eyes closed, usually in a quiet environment. It may include prayer, meditation, abdominal breathing, progressive relaxation, autogenic training, self-hypnosis, guided imagery, or just listening to soothing music. It does not include watching TV, reading, or talking to others. On the HDI – 45 C, indicate the number of days out of 7 days in a week, during which you did any relaxation process. Also show the total number of minutes of relaxation on those days.

Cigarette Frequency: For item #43, list on the HDI – 45 C the number of days out of 7 that you smoked cigarettes and the average number of cigarettes that you smoked on those days.

Alcohol Frequency: For item #44, list on the HDI – 45 C the number of days out of 7 that you drank alcohol and the average number of glasses of alcohol consumed in a 24 hour period. One drink of alcohol equals one full glass of beer, one small glass of wine, or one shot of distilled liquor by itself or in a mixed drink.

Work Time: For item #45, list on the HDI – 45 C the number of days out of 7 that you went to work and/or school and also indicate the typical number of hours that includes both your commute time to and from work or school as well as the average number of hours at work or school.

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