

Health-Resiliency-Stress Questionnaire (HRSQ)

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SUGGESTED INTRODUCTION to the HRSQ

“I am / We are really interested in helping you to be the healthiest you can be. Filling out this questionnaire may give both of us (you and me / clinic) helpful information about your health and wellness. Please fill this out as completely and as best you can.”

PURPOSE

The HRSQ© was designed to give primary care and mental health providers a quick overview of a person’s ability to tolerate and cope with stress in relationship to their health. It is an efficient tool that is self-administered and takes only 2-5 minutes to complete. This questionnaire is intended to identify personal strengths and perceptions, risks due to early life adversity, and start the conversation to help empower patients/clients toward health and wellness.

In the future, we anticipate that the HRSQ© will be able to drive targeted intervention, based on a stratified risk-value. We envision recommendations will address both clinical monitoring (e.g. certain lab values, need for other risk assessments, screening for suicide and addiction, etc.) and patient/client empowerment toward health and wellness (e.g. educational and practical-application materials for building resiliency).

BACKGROUND

The findings of the Adverse Childhood Experiences Study (ACES; Felitti, Anda, CDC and similar research) have clearly documented the link between increased ACEs and chronic physical and brain health issues. Resiliency traits can alter the experience of stress and adversity. In general, more resiliency is protective against adversity and, less resiliency magnifies the detrimental impact of adversity. These differences often lead to marked alterations in clinical presentation and long-term outcomes. Unrecognized (and unresolved) ACEs continue to impact the neurobiological and epigenetic alterations that influence long-term physical and brain health. Identifying and resolving the emotional impact of trauma has profound effects on building resiliency, which then mitigates (or dampens) the biological impact that adversity can create.

HOW TO USE THE HRSQ

- 1) Identify and quantify resiliency skills (strengths), tolerance to stress, and expanded Adverse Childhood Experiences.
 - Identify self-reported (self-perception) resiliency traits
 - Identify self-reported (self-perception) mind-body resiliency traits
 - Identify current psychological distress
 - Quantify expanded ACE score
- 2) Provide psycho-education about the importance of resiliency skills.
- 3) Determine if additional assessment is needed for Post-Traumatic Stress Disorder (PTSD) from the validated measure, PC-PTSD (<http://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp>).
 - A score of 3 or more in Section 3 is a positive screen for PTSD and should be followed-up with a diagnostic assessment for PTSD.
 - A positive score should also be followed up with a PHQ-9 to screen for depression.
- 4) Page 1 can be used repetitively to track improvement.
- 5) ***This tool is free and will remain open-source, once validated.***

Participate in the validation process by sending completed forms or referring your patients/clients to the e-version.

PAPER VERSION	ELECTRONIC VERSION
Fax completed and de-identified forms to: <ul style="list-style-type: none">• 844-838-8100 (secured fax)	<ul style="list-style-type: none">○ Provider (or designated staff) will register on the provider-HRSQ website○ Give your patient/client a HIPPA-compliant code and the website (can be completed in the waiting room or at home) (e.g. Clt#1 or Dr.S’s#2, etc.; no identifying information such as birthday, initials, address, phone, etc.)○ Receive results by email (will include the code you provided)

Health-Resiliency-Stress Questionnaire (HRSQ)

Name: _____ Age: _____ Gender: Female Male Other
 Clinic or Provider: _____ Date: _____ Zip Code: _____

PART A

TOTAL HRSQ Risk-Value Score: _____

We each have our own ways to cope with difficulty times and view ourselves.					
PLEASE CIRCLE THE ANSWER THAT SHOWS HOW TRUE EACH STATEMENT IS FOR YOU:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1) I tend to bounce back quickly after hard times.	1	2	3	4	5
2) I have a hard time making it through stressful events.	5	4	3	2	1
3) It does not take me long to recover from a stressful event.	1	2	3	4	5
4) It is hard for me to snap back when something bad happens.	5	4	3	2	1
5) I usually come through difficult times with little trouble.	1	2	3	4	5
6) I tend to take a long time to get over set-backs in my life.	5	4	3	2	1

Total

PLEASE CIRCLE THE ANSWER THAT SHOWS HOW TRUE EACH STATEMENT IS FOR YOU:	Not true at all	Rarely true	Sometimes true	Often true	True nearly all the time
1) I am hopeful about life in general.	1	2	3	4	5
2) I feel loved and supported.	1	2	3	4	5
3) I ask for help when I need it.	1	2	3	4	5
4) I have healthy, trusting relationship(s).	1	2	3	4	5
5) I choose healthy activities to decrease stress.	1	2	3	4	5
6) I can find positive solutions to life's problems.	1	2	3	4	5
7) I like who I am.	1	2	3	4	5
8) I feel optimistic about my future.	1	2	3	4	5

Total

PART B

We each have our own ways that we handle health and view ourselves.					
PLEASE CIRCLE THE ANSWER THAT FITS BEST:	Poor	Fair	Good	Very Good	Excellent
1) My overall physical health is...	1	2	3	4	5
2) My physical ability to do the tasks of everyday life is...	1	2	3	4	5
3) My ability to function when I have physical pain is...	1	2	3	4	5
4) My overall mental health is...	1	2	3	4	5
5) My ability to stay positive when I am not feeling well is...	1	2	3	4	5
6) My ability to function when I am feeling sad or blue is...	1	2	3	4	5

Total

PART C

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, <i>in the past month</i> , you:			
1) Have had nightmares about it or thought about it when you did not want to?	Yes	No	Don't Know
2) Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	Yes	No	Don't Know
3) Were constantly on guard, watchful, or easily startled?	Yes	No	Don't Know
4) Felt numb or detached from others, activities or your surroundings?	Yes	No	Don't Know

Total

Name:
PART D

Date:

PLEASE CIRCLE THE ANSWERS THAT BEST DESCRIBE YOUR EXPERIENCES.			
	Age first occurred	Yes	No
1) Did you live with anyone who was depressed, mentally ill, OR suicidal?		Yes	No
2) Did you live with anyone who was a problem drinker or alcoholic?		Yes	No
3) Did you live with anyone who used illegal drugs OR who abused prescription medications?		Yes	No
4) Did you live with anyone who served time or was sentenced to serve time in a prison, jail, OR other correctional facility?		Yes	No
5) Were your parents separated, divorced, one parent never involved OR lose a parent to death or abandonment (including foster or proctor care placement)?		Yes	No
6) Did you often feel that you did not have enough to eat, had to wear dirty clothes, had no one to protect you?		Yes	No
7) Did you often feel that your parents were not able to care for you due to their own struggles?		Yes	No
8) Did you often feel that no one in your family loved you, thought that you were important or special?		Yes	No
9) Did you often feel that your family didn't look out for each other, feel close or support each other		Yes	No
10) In your home, did you ever see or hear domestic abuse (such as physical assaults or verbal threats)?		Yes	No
11) Were you often afraid to go home?		Yes	No
12) In your home, were you ever physically hurt, injured OR threatened by anyone? (Do not include light spanking)		Yes	No
13) In your home, did anyone do any of the following: swear at you, insult you, humiliate you, OR put you down?		Yes	No
14) Did anyone ever touch you inappropriately (sexually) OR watch you bathe/undress that made you feel uncomfortable, embarrassed, or ashamed?		Yes	No
15) Did anyone ever make you watch sexual acts (including pornography) OR try to make you touch them sexually?		Yes	No
16) Did anyone ever coerce OR force you into having sex?		Yes	No
17) Were you often bullied at school (e.g. about your race, sexuality, immigration, intellect, etc.) AND felt unprotected?		Yes	No
18) Were you or your family ever homeless?		Yes	No
19) Were you often afraid to be outside because of violence in your community?		Yes	No
20) Other trauma or abuse (e.g. medical trauma, incarceration, etc.) please write-in if you feel comfortable doing so:		Yes	No
Total			

PART E

Do you ever wonder if any of the experiences listed above have affected your health today?	Yes	No
Do you want help to address any of the experiences listed above?	Yes	No
I feel it is appropriate for my care provider to know about my answers to these questions.	Yes	No
Were the questions on this form easy to understand? (If not, circle the questions that were not.)	Yes	No

PART F

Please circle the answer that fits best. (OPTIONAL)

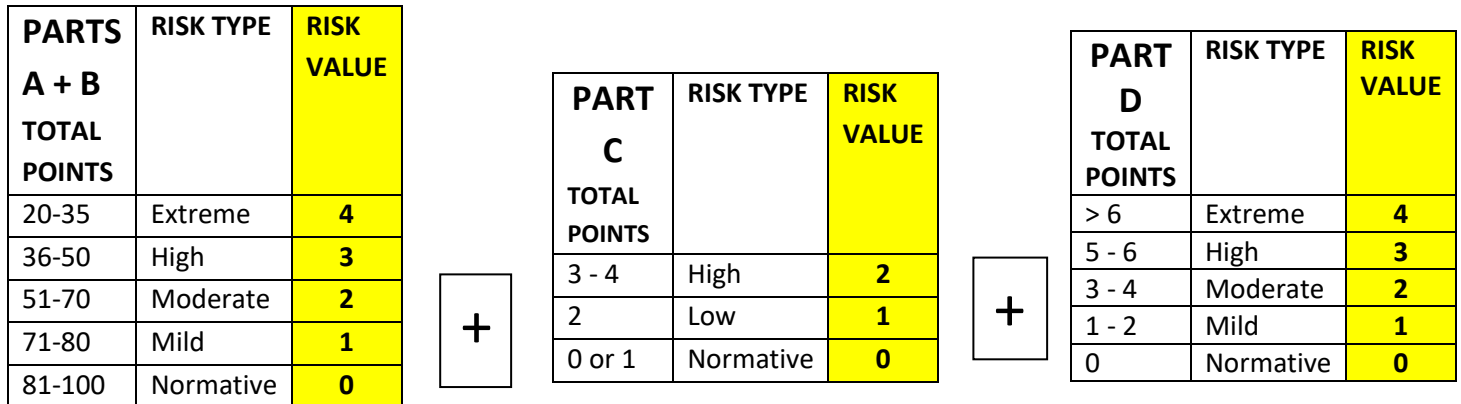
Where did you complete this survey?	Medical office (indicate: Primary Care Therapist's office	Specialty	Emergency Room)	Home	Other			
What is your race?	Alaskan Native	Asian	Black	Native American	Pacific Islander	White (non-Hispanic)	White (Hispanic)	Mixed race
What is your yearly household income?	< \$15,000	\$15,001-\$40,000	\$40,001-\$65,000	\$65,001-\$90,000	\$90,001+			
How many health care providers (both physical and mental health) do you have?	0	1-3	4-6	7-9	10+			
How many current health (physical and mental) related diagnoses do you have?	0	1-3	4-6	7-9	10+			
How many medications are you currently prescribed?	0	1-3	4-6	7-9	10+			
As an adult, how many times have you been hospitalized for your physical health? (DO NOT include uncomplicated child birth)	0	1-3	4-6	7-9	10+			
How many times have you been hospitalized for your mental health?	0	1-3	4-6	7-9	10+			
On average, how many times do you go to the emergency room for medical or psychiatric care in a usual year?	0	1-3	4-6	7-9	10+			
Comments:								

Health-Resiliency-Stress Questionnaire (HRSQ): Scoring

SCORING

- add the three Risk-Values together to get the composite **HRSQ score**
- The HRSQ score determines the level of risk
- The level of risk determines a recommended level of care and/or other follow-up

HRSQ Score	Risk Category
7 – 10	Extreme
5 – 6	High
3 – 4	Moderate
1 – 2	Low



SCORING EXAMPLES

Mr. Adversity	Risk Value
Part A + B Total points = 22	4
Part C Total points = 4	2
Part D Total Points = 6	3
HRSQ Score	9
Risk Category	Extreme

Ms. Sadness	Risk Value
Part A + B Total points = 22	4
Part C Total points = 1	0
Part D Total Points = 1	1
HRSQ Score	5
Risk Category	High

Mr. Dysthymia	Risk Value
Part A + B Total points = 60	2
Part C Total points = 0	0
Part D Total Points = 3	2
HRSQ Score	4
Risk Category	Moderate

Ms. Peachy	Risk Value
Part A + B Total points = 82	0
Part C Total points = 1	0
Part D Total Points = 1	1
HRSQ Score	1
Risk Category	Low