

# 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

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

**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

**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

## PART D

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

## 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 Specialty Emergency Room) Therapist's office 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:						