

[QUALITY OF HEALTH AND LIFE SELF ASSESSMENT]

ARC ~ Age-Regression.Com

Last Revision 2/10/2022

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The majority of these self-assessment questions are phrased to be answered with a numeric scale ranging between 0 and 10. Some questions require a specific number. A few of the questions have a reversed scale and those questions are flagged with the following **highlight**. This document is designed to be utilized for each of your three month clinical and laboratory assessments.

(1) In general, would you say your health is?

0 = Bad, 10 = Good

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BASE LINE	3 MONTHS	6 MONTHS	9 MONTHS	12 MONTHS	15 MONTHS

(2) Rate your ability to perform vigorous activities, including running, lifting heavy objects?

0 = Bad, 10 = Good

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BASE LINE	3 MONTHS	6 MONTHS	9 MONTHS	12 MONTHS	15 MONTHS

(3) Rate your ability to perform Moderate activities, including moving a table, pushing a vacuum cleaner, bowling, or playing golf?

0 = Bad, 10 = Good

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BASE LINE	3 MONTHS	6 MONTHS	9 MONTHS	12 MONTHS	15 MONTHS

(4) Rate your ability to lift or carry groceries?

0 = Bad, 10 = Good

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BASE LINE	3 MONTHS	6 MONTHS	9 MONTHS	12 MONTHS	15 MONTHS

(5) Rate your ability to climb one flight of stairs?

0 = Bad, 10 = Good

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
BASE LINE	3 MONTHS	6 MONTHS	9 MONTHS	12 MONTHS	15 MONTHS

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(6) Rate your ability at climbing several flights of stairs?

0 = Bad, 10 = Good

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

(7) Rate your ability to Bend, kneel or stoop?

0 = Bad, 10 = Good

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

(8) Rate your ability to walk less than a block?

0 = Bad, 10 = Good

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

(9) Rate your ability to walk more than two blocks?

0 = Bad, 10 = Good

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

(10) Rate your ability to walk more than six blocks?

0 = Bad, 10 = Good

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

(11) Rate your ability to bathe or dress yourself?

0 = Bad, 10 = Good

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

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(12) What severity of body pain have you recently experienced?

(Unique Scale)

0 = None, 10 = High

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

(13) How much does pain interfere with your normal work (including both work outside the home and housework)?

(Unique Scale)

0 = None, 10 = High

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

(14) How many distinct and separate places on your body are you experiencing pains?

Enter total number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

(15) How long in hours do you sleep at night without waking?

Enter total number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

(16) How would you rate your hearing?

0 = Bad, 10 = Good

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

(17) How would you rate your sense of touch?

0 = Bad, 10 = Good

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

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(18) How would you rate your sense of smell?

0 = Bad, 10 = Good

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

(19) How would you rate your sense of taste?

0 = Bad, 10 = Good

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

(20) How well are you sleeping?

0 = Bad, 10 = Good

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

(21) How would you rate your appetite?

0 = Bad, 10 = Good

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

(22) How many times to you get up each night to urinate?

Enter total number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

(23) Over the last two weeks how many headaches have you experienced?

Enter total number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

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(24) Please rate your level of discomfort after you eat a meal?

(Unique Scale)

0 = None, 10 = High

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

(25) Please rate you gastrointestinal tract (GI) general health?

0 = Bad, 10 = Good

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

(26) How well can you recall events from long ago?

0 = Bad, 10 = Good

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

(27) How easily can you recall specific words you want to use in a sentence?

0 = Bad, 10 = Good

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

(28) What level of difficulty do you have concentrating on complicated issues?

0 = Bad, 10 = Good

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

(29) When someone verbally provides you with a phone number how long can you remember prior to writing it down?

0 = Bad, 10 = Good

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

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(30). How difficult is it to learn new things like the rules of a game?

0 = Bad, 10 = Good

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

(31) How would you rate the health of your joints?

0 = Bad, 10 = Good

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

(32) How would you rate the health of you skin?

0 = Bad, 10 = Good

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

(33). Over the last two weeks how many episodes of depression have you experienced?

Enter total number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

(34) Do you agree with the following statement: Generally, my mood is good?

0 = Bad, 10 = Good

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

(35) Do you get anxious or excited in social situations?

(Unique Scale)

0 = None, 10 = High

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

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(36) How often to you get mad or agitated with individuals you see often?

(Unique Scale)

0 = None, 10 = High

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

(37) Do you feel completely comfortable driving your own car?

0 = Bad, 10 = Good

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

38. How many months forward are you making plans for the future?

Enter total number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

(39) When you get a minor cut or bruise, how many days does it take to heal?

Enter total number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

(40) Please score you overall health (mental and physical) condition, including your ability to accomplish normal activities of daily living?

0 = Bad, 10 = Good

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BASE LINE 3 MONTHS 6 MONTHS 9 MONTHS 12 MONTHS 15 MONTHS

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Please record any observations or insights that would help provide guidance for your next self-evaluation. It is very important that you track and record all changes in your age regression AIR treatments regimen.

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3 - THREE MONTHS NOTES:

