



Nationale Vereniging

**Sjögrenpatiënten**

National Sjögren's patients association

my positive  
health

Date: \_\_\_\_\_

### Questionnaire about my positive health

The term *my positive health* sounds a bit odd. How can I have positive health? After all, I'm chronically ill, aren't I?!

If you have Sjögren's, your life doesn't have to be defined by it. *The Spider's Web of Positive Health* lets you see what is going well in your life.

The spider's web comes with a questionnaire.

The questions cover six main subjects:

- 1 body functions
- 2 mental well-being
- 3 meaningfulness
- 4 quality of life
- 5 participation
- 6 daily functioning

For each question, choose the answer that describes your situation of feeling.

## 1 body functions

	no	a bit	yes
1. Do you feel healthy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you feel fit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you sleep well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you eat healthily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you often ill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is your mobility good?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Is having sex difficult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You reflected on your **body functions**.

How would you rate this topic?



> continuation questionnaire on next page



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> continuation questionnaire

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## mental well-being

	no	a bit	yes
9. Are you good at remembering things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you good at thinking things through?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you feel cheerful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Are you happy with who you are?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you know what to do when you don't feel well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you feel in control of your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You reflected on your **mental well-being**.  
How would you rate this topic?



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## meaningfulness

	no	a bit	yes
15. Do you feel like getting up in the mornings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are there things you would like to do in life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Are you worried about your future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Are you accepting your life the way it is?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are you grateful to be alive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Are you in the mood for new things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You reflected on **meaningfulness**.  
How would you rate this topic?





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## quality of life

	no	a bit	yes
21. Do you enjoy life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Are you happy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Do you feel good?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Can you cope with life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Do you feel safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Are you happy with how you live?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Do you have enough money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You reflected on your **quality of life**.  
How would you rate this topic?



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## participation

	no	a bit	yes
28. Do you connect with other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Do others take you seriously?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Do you have any good friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Do you have people who can help you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Do you feel that you belong?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Do you have a job or do you do other things that are important to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You reflected on **participation**.  
How would you rate this topic?





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> continuation questionnaire

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## daily functioning

	no	a bit	yes
34. Can you take good care of yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Do you know what you can and cannot manage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Do you know how to live a healthy life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Can you plan your day well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Do you spend too much money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Can you work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Do you know how to ask for help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You reflected on your **daily functioning**.  
How would you rate this topic?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
0	1	2	3	4	5	6	7	8	9	10

· End of the questionnaire.

### Now draw your positive health in the spider web!

You have now finished the questions.  
Now go to the spider web. Put a circle around the numbers you gave to the six subjects. Now you can start drawing a shape by connecting the circles in the spider web.



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spider web

What score do you give yourself for each subject? Put that in the spiderweb.  
0 (doing very badly) to 10 (doing very well).

Date: \_\_\_\_\_

## daily functioning

- looking after yourself
- knowing your limitations
- knowledge of health
- managing time
- managing money
- being able to work
- asking for help

## body functions

- feeling healthy
- feeling fit
- sleeping pattern
- eating pattern
- having complaints and/or pain
- physical condition
- exercise
- sexuality

## mental well-being

- being able to remember things
- being able to focus
- being able to communicate
- being cheerful
- accepting yourself
- being able to handle changes
- having control

## meaningfulness

- having a meaningful life
- lust for life
- wanting to achieve ideals
- feeling confident
- accepting life
- being grateful
- continue learning

## quality of life

- enjoyment
- being happy
- feeling good
- feeling well-balanced
- feeling safe
- living conditions
- having enough money

## participation

- social contacts
- being taken seriously
- doing fun things together
- having the support of others
- belonging
- doing meaningful things



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In the spider web, you can visualize how you are doing. What is going well and what is going less well?

What would you like to change?

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What can you do about this yourself?

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Who could help you with that?

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Notes:

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