



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



2

## mental well-being

.....

9. Are you good at remembering things?  
10. Are you good at thinking things through?  
11. Do you feel cheerful?  
12. Are you happy with who you are?  
13. Do you know what to do when you don't feel well?  
14. Do you feel in control of your life?

no

a bit

yes

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



3

## meaningfulness

.....

15. Do you feel like getting up in the mornings?  
16. Are there things you would like to do in life?  
17. Are you worried about your future?  
18. Are you accepting your life the way it is?  
19. Are you grateful to be alive?  
20. Are you in the mood for new things?

no

a bit

yes

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





4

## 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?



5

## 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?





6

## 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?



· 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.



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

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

### 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

### participation

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

### quality of life

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

### meaningfulness

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

source: Huber M, van den Brekel-Dijkstra K, Jung HP. Positieve Gezondheid in de spreekkamer. Handboek Positieve Gezondheid in de huisartspraktijk: Samenwerken aan betekenisvolle zorg. Houten: Bohn Stafleu van Loghum; 2021. p. 73 - 116. Huber2021



Nationale Vereniging

# Sjögrenpatiënten

National Sjögren's patients association

my positive  
health

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?

---

---

---

What can you do about this yourself?

---

---

---

Who could help you with that?

---

---

---

Notes:

---

---

---

---

---