



Stress Survey

Your Name _____ Today's Date _____ Your e-mail for our free newsletter: _____ Please review each of these common stresses and circle when you experienced it in your life. Use **P for Past** and **C for Current**. If you expect or anticipate the possibility of experiencing this stress in the future, circle **F for Future**.

Physical Stress is what we do to our bodies:

Explanation:

- 1. Forceps delivery P C F _____
- 2. Falls of any type P C F _____
- 3. Broken bones P C F _____
- 4. Strains or sprains P C F _____
- 5. Bad posture P C F _____
- 6. Poor sleeping habits P C F _____
- 7. Repetitive movements P C F _____
- 8. Sports injuries P C F _____
- 9. Heavy lifting and/or bending P C F _____
- 10. Overweight P C F _____

Chemical Stress is what we do to our organs:

Explanation:

- 1. Take prescription medication P C F _____
- 2. Take over-the-counter drugs P C F _____
- 3. Consume alcohol P C F _____
- 4. Consume caffeine P C F _____
- 5. Use tobacco products P C F _____
- 6. Eat fast foods P C F _____
- 7. Use artificial sweeteners P C F _____
- 8. Bad diet (white flour & sugar) P C F _____
- 9. Exposed to environmental pollution P C F _____
- 10. Overweight P C F _____

Emotional Stress is what we do to our minds:

Explanation:

- 1. Divorce or parents or spouse P C F _____
- 2. Death of a loved one P C F _____
- 3. Serious illness (self or loved one) P C F _____
- 4. Financial concerns P C F _____
- 5. WORRY P C F _____
- 6. Work environment P C F _____
- 7. Relationships P C F _____
- 8. Anger by you or at you P C F _____
- 9. Feel "not worthy" P C F _____
- 10. Put things off to the last minute P C F _____

Chronic stress forms the foundation of many health problems. Which of the 3 types of stress has had the greatest impact on your health and why? _____

Patient Objectives

- Temporary relief only
- Health Maintenance

- Correction/Prevention
- Creating Wellness