

Identi-T Stress Assessment:

Name: _____ **Age:** _____ **Sex:** _____ **Date:** _____

Stress is a normal part of life. Every day, we're faced with stimuli, called stressors, which can elicit the body's "fight or flight" response, setting off a cascade of physiological reactions and resulting in emotions ranging from mild to intense. But while occasional stress is natural and even healthy, chronic or acute stress can be harmful.

Please take a few moments to discover your body's response to situations you perceive as stressful. By honestly assessing how you feel, your healthcare provider can create a natural stress relief program for your individual needs.

Directions:

Please read each statement and check the circle that best describes your feelings or reactions throughout the course of the day. Determine the subtotal score for each section, then determine the total score for sections A-C and C-E. Some questions may appear redundant between sections. There's a reason for each questions. Don't spend much time on any one question.

0 = Never 1 = Seldom True 2 = Sometimes True 3 = Often True

When under stress for two weeks or longer, I...

- | | 0 | 1 | 2 | 3 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Get wound up when I get tired and have trouble calming. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Feel driven, appear energetic but feel "burned out" and exhausted. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Feel restless, agitated, anxious and uneasy. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Feel easily overwhelmed by emotion. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Feel emotional - cry easily or laugh inappropriately. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Experience heart palpitations or a pounding in my chest. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Am short of breath. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Am constipated. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Feel warm, over-heated, and dry all over. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Get mouth sores or sore tongue. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. Get hot flashes. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. Sleep less than seven hours a night. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. Have trouble falling asleep and staying asleep. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Worry about high blood pressure, cholesterol and triglycerides. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Forget to eat and feel little hunger. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Total Points: _____

- | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Find myself worrying about things big and small. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Feel like I can't stop worrying, even though I want to. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Feel impulsive, pent up, and ready to explode. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Get muscle spasms. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Feel aggressive, unyielding, or inflexible when pressed for time. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. See, hear and smell things that others do not. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Stay awake replaying the events of the day or planning for tomorrow. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Have upsetting thoughts or images enter my mind again and again. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Have a hard time stopping myself from doing things again and again like checking on things or rearranging objects over and over. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Worry a lot about terrible things that could happen if I'm not careful. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Total Points: _____

- | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Have muscle and joint pains. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Have muscle weakness | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Crave salt or salty things. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Have multiple points on my body that when touched are tender or painful. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Have dark circles under my eyes. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Feel a sudden sense of anxiety when I get hungry. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Use medications to manage pain. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Get dizzy when rising or standing up from a kneeling or sitting position. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Have diarrhea or bouts or nausea with or without vomiting for no apparent reason. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Have headaches. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Total Points: _____

- | | 0 | 1 | 2 | 3 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Have trouble organizing my thoughts. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Get easily distracted and lose focus. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Have difficulty making decisions and mistrust my judgment. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Feel depressed and apathetic. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Lack the motivation and energy to stay on task and pay attention. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Am forgetful. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Feel unsettled, restless, and anxious. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Wake up tired and unrefreshed. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Experience heartburn and indigestion. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Catch colds and infections easily. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Total Points: _____

- | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Feel tired for no apparent reason. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Experience lingering mild fatigue after exertion or physical activity. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Find it difficult to concentrate and complete tasks. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Feel depressed and apathetic. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Feel cold or chilled - hands, feet or all over - for no apparent reason. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Have little or no interest in sex. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Sweat spontaneously during the day. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Feel puffy and retain fluids. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Sleep more than nine hours a night. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Have poor muscle tone. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. Have trouble losing weight. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. Wake up tired even though I seem to get plenty of sleep. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. Have no energy and feel physically weak. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Am susceptible to colds and the flu. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. Feel dragged down by multiple symptoms, such as poor digestion and body aches. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Total Points: _____

Total for A, B & C: _____ **Total for C, D & E:** _____

Lifestyle and Health Status:

1. Circle the level of stress you experience on the scale of 1-10, 10 being the worst:
 1 2 3 4 5 6 7 8 9 10
2. What do you consider to be the major causes of your stress (for example - spouse, family, friends, work, finances, wedding, pregnancy, legal, commute):

3. I eat breakfast _____ times a week. My typical breakfast is: _____
4. I take a multiple vitamin / mineral _____ days per week. I take fish oil supplement _____ days per week.
5. I participate in 30 minutes of physical activity such as walking, aerobics (e.g. running), resistance training (e.g. weights, pilates), sports (e.g. biking), or yoga:
 Daily 5 - 6 times per week 3 - 4 times per week 1 - 2 times per week Less than once a week
6. I smoke _____ cigarettes daily.
7. I drink two or more 8 ounce cups of caffeinated coffee or other caffeinated beverages like energy / diet drinks, colas, or black or green teas:
 Daily 5 - 6 times per week 3 - 4 times per week 1 - 2 times per week Less than once a week
8. I drink two or more ounces of alcoholic beverages:
 Daily 5 - 6 times per week 3 - 4 times per week 1 - 2 times per week Less than once a week
9. List your current health problems and any over-the-counter or prescription medications that you are now taking:
 Current health problem(s) Date of onset List all current medication(s)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____