

STRESS TEST

Name: _____

Date: _____

Please circle when you experienced these stresses no matter how mild or few your exposure may have been C=(Child), T=(Teenager), A=(Adult), or N (not at all).

I. PHYSICAL STRESS

Explain

Birth Trauma (mother or child)	C	T	A	N	_____
Slips/Falls	C	T	A	N	_____
Sports Injuries/Trauma	C	T	A	N	_____
Poor Posture	C	T	A	N	_____
Extensive Computer Work	C	T	A	N	_____
Carrying Heavy Purse/Child	C	T	A	N	_____
Repetitive Lifting Bending	C	T	A	N	_____
Continuous Sitting/Standing	C	T	A	N	_____
Bone Fracture/ Surgery	C	T	A	N	_____
Driving for many hours	C	T	A	N	_____
Car Accidents	C	T	A	N	_____
Physical Abuse	C	T	A	N	_____
Work Injuries	C	T	A	N	_____
Sleeping Positions/Stomach	C	T	A	N	_____
Overweight	C	T	A	N	_____

II. CHEMICAL STRESS

Smoker or Second Hand Smoke	C	T	A	N	_____
Alcohol-Drugs	C	T	A	N	_____
Poor Diet	C	T	A	N	_____
Caffeine Consumption	C	T	A	N	_____
Excessive Sugar	C	T	A	N	_____
Artificial Sweeteners	C	T	A	N	_____
Prescription Drugs	C	T	A	N	_____
Over-The-Counter Drugs (Tylenol etc.)	C	T	A	N	_____
Environmental Pollution (Air/Water)	C	T	A	N	_____

III. EMOTIONAL STRESS

Relationships	C	T	A	N	_____
Career	C	T	A	N	_____
Children	C	T	A	N	_____
Money	C	T	A	N	_____
Fast Paced Life	C	T	A	N	_____
Internalized Feelings	C	T	A	N	_____
Perfectionist	C	T	A	N	_____
Procrastinator	C	T	A	N	_____
Sickness or Loss of Loved One	C	T	A	N	_____
Quick Temper	C	T	A	N	_____
Verbal Abuse	C	T	A	N	_____

IV. WHICH DO YOU FEEL IS YOUR PRIMARY STRESS ____ PHYSICAL ____ CHEMICAL
____ EMOTIONAL? (please check one)