## THE STRESS TEST

ATIENT:								DATE:
					_			ation). Do you recognize any of the
esses? Please circle when y	ou exper	rience	d th	iese	stre	sses: C	(child), T (	teenager), A (adult), or N (not at a
PHYSICAL STRESS:								EXPLAIN
Birth Traumas (as a mother or child)			C		T	Α	N	
Slips/Falls			C		T	A	N	
Car Accidents			C		T	A	N	
Sports Injuries			C		T	A	N	
Physical Abuse			C		T	A	N	
Work Injuries			C		T	Α	N	
Poor Posture			C		T	A	N	
Sitting on your wallet for years			C		T	A	N	
Sleeping Position - Stomach			C		T	A	N	
Extensive Computer Work			C		T	A	N	
Carrying Heavy Purse/Bookbag/Child			C		T	A	N	
Repetitive Lifting/Bending			C		T	A	N	
Driving for Many Hours			C		T	A	N	
Continuous Hours Sitting/Standing			C		T	A	N	
Bone Fracture/Surgery			C		T	A	N	
EMOTIONAL STRESS:							EXPLAIN	
Relationships		-				N	EXI LAIN	
Career	C	T		A		N		
Children						N	-	
	C	T		A			-	
Money	C	T		A		N		
Fast-Paced Life	C	T		A		N		
Hold in Feelings	C	T		A		N	-	
Quick Tempered	C	T		A		N	-	
Verbal Abuse	C	T		A		N	-	
Perfectionist	C	T		A		N	-	
Procrastinator	C	T		A		N	-	
Sickness or Loss of Loved C	)ne C	T		A		N	_	
CHEMICAL STRESS:							EXPLAIN	
Environment (i.e. pollution)	C	T		A		N		
Smoker - Amount?	C	T		A		N		
Second-hand Smoke	C	T		A		N	_	
Poor Diet	C	T		A		N		
Caffeine - Amount?	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 (Example: Tylenol; Motrin)	C	T		A		N		
. What do you feel is your p	orimary st	ress?						
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