

Are you feeling *STRESSED*?

Take our Stress Survey to see if stress is ruling your life.

The purpose of this Stress Survey is to determine if you have any health problems attributed to stress.

Print out the survey and once you have finished, call us to schedule an exam!
We can determine the best method for treating the symptoms of your stress!

Name: _____ Age: _____
Address: _____ City: _____ State: _____
Zip Code: _____ Home Phone: _____ Work Phone: _____
Occupation: _____ # of hours per week worked _____
E-mail Address: _____

Check off any symptoms you have experienced in the last six months:

<input type="checkbox"/> Headaches/Migraines	<input type="checkbox"/> Insomnia/Sleep problems	<input type="checkbox"/> Allergy Problems/Sinus
<input type="checkbox"/> Fatigue	<input type="checkbox"/> Irritability	<input type="checkbox"/> Menstrual Problems
Pain/Tension or Numbness in:	<input type="checkbox"/> Ringing in Ears	<input type="checkbox"/> Asthma
<input type="checkbox"/> Neck	Digestive Trouble:	<input type="checkbox"/> Nervousness
<input type="checkbox"/> Shoulders	<input type="checkbox"/> Constipation	<input type="checkbox"/> Bladder Trouble
<input type="checkbox"/> Low Back	<input type="checkbox"/> Bloating	<input type="checkbox"/> Weight Trouble
<input type="checkbox"/> Legs	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Arms	<input type="checkbox"/> Gas	<input type="checkbox"/> Other _____
<input type="checkbox"/> Hands		_____

Which of the above bothers you the most? _____

How long have you had this condition? _____

Describe how it feels or affects you when it is at its worst: _____

Does this Cause you to be:

Moody Irritable Interrupt Sleep Restricted on Daily Activities

Does this affect your work:

Decision Making Poor Attitude Decreased Productivity
 Exhausted at the end of the day Unable to Work Long Hours

Does this affect your life:

Loose patience with spouse or children
 Restricted Household Duties
 Hinders Ability to Exercise or Participate in Sport
 Interferes with Ability to Participate in Hobbies or Other Desired Activities

IF YOU CHECKED ANY OF THE ABOVE ITEMS, THEN YOU HAVE A HEALTH PROBLEM
YOU SHOULD DO SOMETHING ABOUT IT!