



Stress Assessment

		GETTING STARTE	D										
			Very po health										cellent nealth
a.	Please circle your current overall LEVEL	OF HEALTH.	0	1	2	3	4	5	6	7	8	9	10
b.	Please rank the top 3 areas you would I	ike to improve with 1 being the	he most i	mpo	ortai	nt ai	nd 3	the	lea	st in	npor	tant	
	Sleep	Weight Management				1	Nutri	ition	1				_
	Exercise Purpose & Connection		Mental Health								_		
	Substance Use												
			Not importa at all	nt									Very portant
C.	How IMPORTANT is it for you to make the #1 most motivated topic area to add		0	1	2	3	4	5	6	7	8	9	10
d.	d. How CONFIDENT are you regarding your ability to make the change you ranked as the #1 most motivated topic area to address?		0	1	2	3	4	5	6	7	8	9	10
e.	e. How IMPORTANT is it for you to make the change you ranked as the #2 most motivated topic area to address?		0	1	2	3	4	5	6	7	8	9	10
f.	f. How CONFIDENT are you regarding your ability to make the change you ranked as the #2 most motivated topic area to address?		0	1	2	3	4	5	6	7	8	9	10
g.	. How IMPORTANT is it for you to make the change you ranked as the #3 most motivated topic area to address?		0	1	2	3	4	5	6	7	8	9	10
h.	n. How CONFIDENT are you regarding your ability to make the change you ranked as the #3 most motivated topic area to address?		0	1	2	3	4	5	6	7	8	9	10
i.	What would you like to gain from this	lifestyle visit? Check all th	nat apply										
	☐ More medical/scientific knowledge☐ Practical health tips☐ Accountability☐ Personalized plan							Othe	er:				

		MENTAL H	HEALTH							
PERCEIVED STRESS						Sometimes	Often	Always		
a.	How often have you felt that you were unable to control the important things in your life?					3	4	5		
b.	How often have you felt lac problems?	1	2	3	4	5				
C.	How often have you felt that	1	2	3	4	5				
d.	Have often have you found	pset you?	1	2	3	4	5			
Но	w do you COPE with stress	s? Check all that apply								
	Meditation	☐ Food (too much, too little)	☐ Gambling	☐ Distraction						
	Exercise/Physical Activity	☐ Spirituality/Faith	☐ Journaling	Hurting yourself (i.e. cutting, etc.)						
	Counseling/Psychotherapy	□ Sex	■ Massage/Body work	□ Pet therapy						
	□ Socializing with friends or family □ Recreational drugs (i.e. □ Prayer marijuana, cocaine, etc.)				☐ Other					
	Art	☐ Television and/or video games	☐ Substance (tobacco, alcohol)							
RE	SILIENCE									
Wi	nen I am under extreme str	ess		Never	Seldom	Sometimes	Often	Always		
a.	I find a way to learn from m	y experience.		1	2	3	4	5		
b.	I find a way to take action.		1	2	3	4	5			
C.	I find it easy to prioritize wh	1	2	3	4	5				
d. I look at a stressful situation as an opportunity to grow.					2	3	4	5		
e. I meet the goals I set for myself.					2	3	4	5		
f. I believe that there are a lot of ways around a problem.					2	3	4	5		
g.	I feel motivated to pursue m	1	2	3	4	5				
h.	I know I can get through it.			1	2	3	4	5		

Patient Name:	DOB:
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MENTAL HEALTH (continued)					
MIND-BODY CONNECTION		Seldom	Sometimes	Often	Always
a. I meet the goals I set for myself.	1	2	3	4	5
b. Do thoughts or feelings affect your physical health?	1	2	3	4	5
c. Could you be experiencing some emotion and not be aware of it?	1	2	3	4	5
d. Are you aware of tension in your body?	1	2	3	4	5
e. Do you notice how your body changes when angry?	1	2	3	4	5
f. Do you notice stress in your body?	1	2	3	4	5
g. Do you notice how your body reacts to emotions?	1	2	3	4	5
DEPRESSION Over the last 2 weeks, how often have you been bothered by the following?		Not at all	Several days	Most days	Daily
a. Little interest or pleasure in doing things.		0	1	2	3
b. Feeling down, depressed or hopeless.		0	1	2	3
c. Trouble falling asleep, staying asleep, or sleeping too much.		0	1	2	3
d. Feeling tired or having little energy.		0	1	2	3
e. Poor appetite or overeating.		0	1	2	3
f. Feeling bad about yourself or that you're a failure or have let yourself or your family down.		0	1	2	3
g. Trouble concentrating on things, such as reading the newspaper or watching television.		0	1	2	3
h. Moving or speaking so slowly that other people could have noticed. Or the opposite, being s fidgety or restless that you have been moving around a lot more than usual.	60	0	1	2	3
i. Thoughts that you would be better off dead or of hurting yourself in some way.		0	1	2	3
ANXIETY Over the last 2 weeks, how often have you been bothered by the following?		Not at all	Several days	Most days	Daily
a. Feeling nervous, anxious, or on edge.		0	1	2	3
b. Not being able to stop or control worrying.		0	1	2	3
c. Worrying too much about different things.		0	1	2	3
d. Trouble relaxing.		0	1	2	3
e. Being so restless that it's hard to sit still.		0	1	2	3
f. Becoming easily annoyed or irritable.		0	1	2	3

Patient Name:	DOB: