

STANDARD PROCESS STRESS ASSESS™

Have you experienced any significant life events or changes in life? If so, please list:

Hours of avg sleep:	Avg hours of exercise:	Alcohol this week	Meals eaten out this week:
3-4 5-6 7-8 9+	0-1 2-3 4+	0 1-2 3-4 5+	0 1-2 3-4 5+

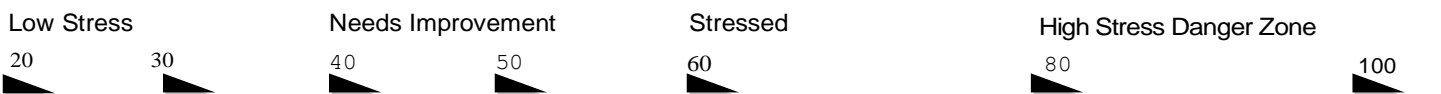
Do you have any down time or participate in quiet mindfulness activities? **Yes** **No**
(Pilates. Yoga. mediation, quiet walks, personal hobby)

Please answer the based on your experiences.

	Not at All	little Bit	Somewhat	Quite a Bit	Very Much
1. How stressful would you say your life is?	1	2	3	4	5
2. Dealing with daily stresses is negatively affecting my daily tasks.	1	2	3	4	5
3. I have a high intake of carbohydrate/ sugar and/or processed foods.	1	2	3	4	5
4. I feel worn down and/or burnt out.	1	2	3	4	5
5. I need caffeine/ energy drinks to give me energy.	1	2	3	4	5
6. I seem to have no motivation.	1	2	3	4	5
7. I experience body aches and pains.	1	2	3	4	5
8. I have periods of low joyful moods.	1	2	3	4	5
9. I feel more irritable and it's easy to get frustrated or angry.	1	2	3	4	5
10. My weight and metabolism have changed.	1	2	3	4	5
11. I can't seem to focus or concentrate.	1	2	3	4	5
12. I have feelings of anxiousness. and breath in short breaths	1	2	3	4	5
13. I have difficulty falling.	1	2	3	4	5
14. I find myself pushing through fatigue to get things done.	1	2	3	4	5
15. I seem to be sleeping a lot but never feel quite rested.	1	2	3	4	5
16. Wake in middle of the night and it's rough falling back to sleep	1	2	3	4	5
17. I experience strong cravings for sweet or salty foods.	1	2	3	4	5
18. I feel overwhelmed with daily tasks and all that is on my plate.	1	2	3	4	5
19. I have a low sex drive.	1	2	3	4	5
20. I am unable to enjoy time with family and/or friends.	1	2	3	4	5

Add up your total score and mark where you fall on the stress scale below.

Total: _____



Stress is fairly well managed in your life. It may be important to support your body to continue its healthy responses.

Your body's response to stress may be getting in the way of normal activities quite frequently, leaving you feeling depleted. Consult your health care practitioner.

You may have experienced prolonged stress, and your body's stress response can no longer adapt or successfully cope. Consult your health care practitioner for targeted support and strategies for improvement.

Name: _____

Signature: _____ Date: _____