

ROOT CAUSE ASSESSMENT FORM

Have you ever sought counseling? yes no

Are you currently in therapy? yes no

If so, describe: _____

Do you feel that you have an excessive amount of stress in your life? yes no

If so, describe: _____

Was there a period when you had excessive amounts of stress in your life? yes no

If so, describe: _____

How would you describe yourself in relation to stress? nothing bothers me even keeled
 depends on the situation easily overwhelmed short fuse withdraw and avoid

Please rate your daily life stressors (1 - 10, with 10 being the highest):

Work Relationship Family Social Finances Health Other

Have you experienced any of these major life stressors in the past year?

Moving Job change Significant relationship change

Death of a loved one Change in health Major accident or injury

Do you experience any of these physiological stressors?

Chronic pain Chronic infections Sleep problems

Gut issues Hormone imbalance Chronic inflammation

Do you practice meditation or relaxation techniques? yes no

If so, describe? _____

Have you ever been abused or a victim of a significant trauma? yes no