

Section 16– Read each symptom and circle the number that applies.

Key: 0= Never

2=Weekly

1=Occasionally

3=Daily

165. 0 1 2 3 Use of pesticides in home

170. 0 1 2 3 Exposed to diesel fumes,
exhaust fumes, or gasoline fumes.

166. 0 1 2 3 Use of strong chemicals
(bleach, polish, floor wax, window cleaner, etc)

167. 0 1 2 3 Exposed to tobacco, moth balls,
incense, varnish, or dust.

168. 0 1 2 3 Treat home for insects

169. 0 1 2 3 Use of perfumes, hairspray,
cosmetics, nail polish, etc.

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stress level on a scale of 1 to 10. (10= high, 1= low)

1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

What is affecting your stress level the most?

What do you enjoy most in your life?

What do you worry about most in your life?

When it comes to FULLY committing to your desire to be healthy, what is getting in the way?
