

\* Please circle any of the following feelings you have experienced in the last few months.

Abused	Paranoid	Unable to grieve	Panic
Criticized	Overwhelmed	Apprehensive	Intolerant
Overworked	Muddled	Agitated	Uncertainty
Paralyzed	Persecuted	Uneasy	Aggravated
Depressed	Guilty	Distress	Annoyed
Rejected	Easily irritated	Fearful	Angry
Despair	Anxious	Impatient	Outraged
Helpless	Sad	Intimidated	Nervous
Hopeless	Grieving	Restless	Worried

\* Please mark the circle that best describes the level of stress for the below listings.

My family stress is:  None  Minimal  Moderate  Severe

My relationship stress is:  None  Minimal  Moderate  Severe

My work stress is:  None  Minimal  Moderate  Severe

My financial stress is:  None  Minimal  Moderate  Severe

My health stress is:  None  Minimal  Moderate  Severe

Other stress is \_\_\_\_\_:  None  Minimal  Moderate  Severe

How much time do you have for yourself to relax and what do you do to relax, ie. hobbies, meditation, etc ?

Do you exercise? And if so, what kind and how often? \_\_\_\_\_

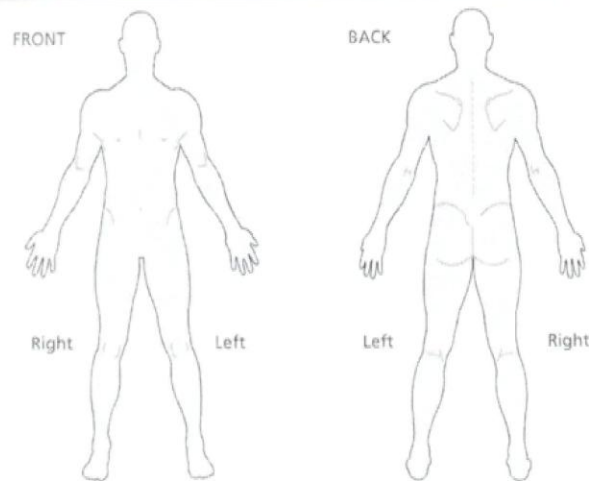
How many hours a night do you sleep? \_\_\_\_\_ Is your sleep restful? \_\_\_\_\_ If not, please explain: \_\_\_\_\_

\* Please list areas of pain and mark the circle that best describe the level of discomfort on a scale of 1 to 10.

- 1. Slight awareness of discomfort.
- 2-3. Awareness of discomfort as an aggravation.
- 4-6. Pain is strong but you are still functional.
- 7-9. Pain is so strong you are unable to function normally.
- 10. You feel like you need to go to the emergency room.

① ② ③ ④ ⑤ ⑥ ● ⑧ ⑨ ⑩ example: neck	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩
① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩

\* Please shade areas of pain or discomfort on the body diagrams and make comments on the side if necessary.



COMMENTS: \_\_\_\_\_

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Client signature: \_\_\_\_\_

Practitioner's comments: \_\_\_\_\_

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