

Section D:

1. Have trouble organizing my thoughts.....0 1 2 3
2. Get easily distracted and lose focus.....0 1 2 3
3. Have difficulty making decisions and mistrust my judgment.....0 1 2 3
4. Feel depressed and apathetic0 1 2 3
5. Lack the motivation and energy to stay on task and pay attention0 1 2 3
6. Am forgetful0 1 2 3
7. Feel unsettled, restless, and anxious.....0 1 2 3
8. Wake up tired and unrefreshed0 1 2 3
9. Experience heartburn and indigestion0 1 2 3
10. Catch colds or infections easily0 1 2 3

Total points: _____

Section E:

1. Feel tired for no apparent reason.....0 1 2 3
2. Experience lingering mild fatigue after exertion or physical activity0 1 2 3
3. Find it difficult to concentrate and complete tasks0 1 2 3
4. Feel depressed and apathetic.....0 1 2 3
5. Feel cold or chilled – hands, feet, or all over – for no apparent reason.....0 1 2 3
6. Have little or no interest in sex.....0 1 2 3
7. Sweat spontaneously during the day.....0 1 2 3
8. Feel puffy and retain fluids.....0 1 2 3
9. Sleep more than nine hours a night.....0 1 2 3
10. Have poor muscle tone.....0 1 2 3
11. Have trouble losing weight0 1 2 3
12. Wake up tired even though I seem to get plenty of sleep.....0 1 2 3
13. Have no energy and feel physically weak.....0 1 2 3
14. Am susceptible to colds and the flu0 1 2 3
15. Feel dragged down by multiple symptoms, such as poor digestion and body aches.....0 1 2 3

Total points: _____

Add points from sections A, B & C	Total for A, B & C: _____
Add points from sections C, D & E	Total for C, D & E: _____

Lifestyle and Health Status:

1. Circle the level of stress you experience on the scale of 1-10, 10 being the worst:
 1 2 3 4 5 6 7 8 9 10
2. What do you consider to be the major causes of your stress (for example – spouse, family, friends, work, finances, wedding, pregnancy, legal, commute):

3. I eat breakfast _____ times a week. My typical breakfast is: _____
4. I take a multiple vitamin/mineral _____ days per week. I take a fish oil supplement _____ days per week.
5. I participate in 30 minutes of physical activity such as walking, aerobics (e.g., running), resistance training (e.g., weights, pilates), sports (e.g. biking), or yoga:
 Daily 5-6 times per week 3-4 times per week 1-2 times per week Less than once a week
6. I smoke _____ cigarettes daily.
7. I drink two or more 8 ounce cups of caffeinated coffee or other caffeinated beverages like energy/diet drinks, colas, or black or green teas:
 Daily 5-6 times per week 3-4 times per week 1-2 times per week Less than once a week
8. I drink two or more ounces of alcoholic beverages:
 Daily 5-6 times per week 3-4 times per week 1-2 times per week Less than once a week
9. List your current health problems and any over-the-counter or prescription medications that you are now taking:

Current health problem(s)	Date of onset	List all current medication(s)