STRESS SURVEY

PURPOSE: To determine if any health problems you may be having are due to stress.

Name ______________ Age ________ Phone (Home) ______________ (Work) ______________

Address ______________ City ______________ State/Prov. ________ Zip/Postal ______________

Occupation ______________ # Hours per week currently working ______________

Spouse Occupation ______________ # Hours per week currently working ______________

1 Check off any of the following symptoms you have experienced in the past 6 months:

- ☐ Headaches/Migraines
- ☐ Fatigue
- ☐ Pain/Tension/Numbness
  - ☐ Neck ☐ Legs
  - ☐ Shoulders ☐ Arms
  - ☐ Low Back ☐ Hands
- ☐ Insomnia/Sleep Problems
- ☐ Irritability
- ☐ Digestive Trouble
  - ☐ Constipation ☐ Diarrhea
  - ☐ Gas ☐ Bloating
- ☐ Sinus Problems/Allergies
- ☐ Menstrual Problems
- ☐ Asthma
- ☐ Bladder Trouble
- ☐ Ringing in Ears
- ☐ Nervousness
- ☐ Dizziness
- ☐ Weight Trouble
- ☐ Other ______________

Which of the above bothers you the most? ______________

How long have you been bothered by the condition? ______________

Describe how it feels or affects you when it is at its worst. ______________

2 Does this cause you to be:

- ☐ Moody
- ☐ Irritable
- ☐ Interrupt Sleep
- ☐ Restricted on Daily Activities

3 Does this affect your work:

- ☐ Decision Making
- ☐ Poor Attitude
- ☐ Decreased Productivity
- ☐ Exhausted at End of Day
- ☐ Unable to Work Long Hours

4 Does this affect your life:

- ☐ Lose Patience with Spouse or Children
- ☐ Restricted Household Duties
- ☐ Hinders Ability to Exercise or Participate in Sports
- ☐ Interferes with Ability to Participate in Hobbies or Other Desired Activities

If you checked any of the above items, then you could be suffering from:

- EXCESSIVE STRESS
- STRUCTURAL MISALIGNMENT
- PINCHED NERVES

CHIROPRACTIC CAN HELP YOU because Chiropractic Doctors gently treat the body, naturally, without drugs to remove the stress and imbalances that **CAUSE** health problems.

If you could eliminate one of the above which would it be? ______________

If your answer is Yes, there are several alternatives available to you. Please check the item most appropriate for you.

- ❑ I would like to come to the Doctor's office for a complete evaluation. This will allow me to find out if I can be helped by Chiropractic without any financial barriers.
- ❑ I would like the Doctor to call me to discuss my health problems before making an appointment.

Are you a member of an HMO or Health Care Network? ☐ Yes ☐ No Name of HMO ______________

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