Stress Questionnaire

Stress can elicit the body's fight or flight response which can cause a range of physiological symptoms. Answers to this questionnaire can assist your Naturopathic Doctor or other health care provider in creating a stress management protocol best suited to your needs.

Directions:
Please read each question and answer "yes'' or "no". At the end of each section, total your score by giving yourself 1 point for each yes and 0 for each no answer and write your score in the indicated box. Once all sections are completed, total your scores from each section to find your total stress score.

Section 1: Mood/Sleep

Do you:	Yes	No	
1. Feel restless and agitated frequently?	☐	☐	
2. Have difficulty sleeping?	☐	☐	
3. Sleep less than 7 hours per night?	☐	☐	Section 1 score
4. Become impatient waiting in line?	☐	☐	
5. Feel overwhelmed most of the time?	☐	☐	
6. Awake unrefreshed, no matter how much you sleep?	☐	☐	
7. Find yourself quick to anger?	☐	☐	

Section 2: Diet

Do you:			
1. Neglect your diet, often missing meals?	☐	☐	
2. Skip breakfast?	☐	☐	
3. Eat late at night?	☐	☐	
4. Drink more than 2 cups of coffee per day?	☐	☐	Section 2 score
5. Crave carbohydrates and comfort foods?	☐	☐	
6. Consume alcohol more than 3 times per week?	☐	☐	
7. Have a decreased appetite?	☐	☐	

Section 3: Digestion

Do you:			
1. Have frequent bloating?	☐	☐	
2. Experience constipation?	☐	☐	
3. Experience loose stools?	☐	☐	
4. Feel indigestion?	☐	☐	Section 3 score
5. Have bouts of unexplained nausea?	☐	☐	
6. Experience fullness after eating?	☐	☐	
7. Have any known food sensitivities	☐	☐	

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Section 4: Mood/Behaviour

Do you:	Yes	No
1. Worry much of the time?	☐	☐
2. Often worry about tomorrow?	☐	☐
3. Often feel panicked?	☐	☐
4. Have shortness of breath?	☐	☐
5. Have a hard time feeling relaxed?	☐	☐
6. Often have sweaty palms?	☐	☐
7. Experience muscle tension?	☐	☐

Section 4 score ☐

Section 5: Lifestyle

Do you:		
1. Spend less than 3 hours a week exercising?	☐	☐
2. Lack energy?	☐	☐
3. Spend less than 3 hours a week on a hobby?	☐	☐
4. Avoid talking to friends and family?	☐	☐
5. Participate in an activity that brings you joy?	☐	☐
6. Read books and articles that are non work-related?	☐	☐
7. Often miss important family events?	☐	☐

Section 5 score ☐

Your Stress Score ☐

0-6 You manage stress very well. You are least likely to suffer from stress-related illness.

7-17 You would benefit from stress management counselling. You are more likely to experience a stress-induced physical/mental concern.

18+ Seek the support of your healthcare provider and share your responses with them. Focus on a stress management strategy that involves improving diet, increasing physical activity, relaxation and one that focuses on your specific health concerns.

Examine the sections that had the highest scores and review these areas of concern with your health care professional.