

STRESS QUESTIONNAIRE

This questionnaire is for educational purposes only and is not intended to treat individuals. If clients have a medical diagnosis, they are encouraged to seek out treatment from a qualified medical doctor.

Check any boxes if the question applies to you. Please fill out and return to Pam Killeen at her fax 519-204-7953.

NAME: _____

EMAIL: _____

PHONE: _____

Character traits

- I have poor dream recall or experience nightmares.
- I have brain fog or fuzzy thinking.
- I have poor concentration.
- I have poor memory.
- I have chronic fatigue and have normal activity level.
- I have chronic fatigue and noticeably reduced my activity level.
- I have chronic fatigue and can no longer work or spend quality time with friends or family.
- I wake up feeling tired.
- I wake up feeling energized and rested.
- I feel exhausted after exercise/low stamina/low endurance.
- I feel energized after exercise.
- I am depressed.
- My mind races.
- I am a perfectionist.
- I am very critical.
- I like to be with people.
- I prefer to be alone or spend time with small groups of people.
- I feel as if I can trust people.
- I don't trust people.
- I consider a clean house important.

- I 'm often impatient.
- I have often left a project unfinished.
- I can be really aggressive at times.
- I feel a lot of inner anger or get angry easily.
- I feel anxious or irritable.
- I've been diagnosed with Bipolar Disorder.
- I feel confused/disoriented.
- I have mood swings.
- I often have obsessive or compulsive thoughts or behaviors (OCD).
- I have panic attacks.
- I've been diagnosed with schizophrenia.
- I have trouble sleeping.
- I've been diagnosed with autism.
- I've been diagnosed with ADD.
- I've been diagnosed with ADHD.
- I'm dyslexic.
- I have seizures.
- I have a learning disability.
- I have delayed development.
- I have mental retardation.

Problems with your joints

- Problems with your joints.
- I have fractures.
- I have osteoporosis.
- I don't like to exercise.
- I can barely do push ups or pull myself up on a rope or rings.
- My knees often bother me.
 - Usually the left one
 - Usually the right one
- I used to be very supple, even hyper mobile. Occasionally it's the other way around, very stiff.
- I am often stiff in the morning.
- I have (had) a spinal hernia.
- My jaw aches, pops or creaks.
- I have (had) pelvic instability.

- I have lower back problems, especially around the time of my period.
 - I hear ringing (or rushing sound) in my ears.
 - I am often dizzy.
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Sun sensitivity

- I don't tolerate heat very well.
 - If it's sunny, I usually wear sunglasses.
 - I am sensitive to (sun)light.
 - If I am exposed to the sun, I usually get a rash after a few days. (watery blisters).
 - I don't tan as much as I used to.
 - I usually tan to a yellow or golden brown but not a deep brown.
 - My face usually tans less than the rest of my body.
 - I often look pale.
 - I lose my tan rapidly.
 - Stretch marks (after pregnancy, losing a lot of weight) tend to be darker than surrounding skin.
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Allergy

- I have hay fever (itchy eyes, runny nose or stopped up nose, mainly in the summer).
- I am allergic to dust (mite) (itchy eyes, runny nose or stopped up nose, mainly in winter).
- I have chronic ear, nose and throat (ENT) problems.
- I have asthma, shortness of breath or bronchitis.
- I am allergic to animals.
- I regularly have eczema or a rash in my armpits.
- I get a prickly feeling (sometimes burning) in my mouth after eating:
 - nuts kiwi pineapple melon
 - apple fruit with a stone (plum, peach, apricot)
- I get skin problems after using certain cosmetics.
- I am allergic to nickel or get a rash after contact with certain jewellery.

- I am allergic to wool.
 - I don't tolerate coffee very well.
 - I don't tolerate alcohol very well.
 - I am sensitive to gluten – I don't tolerate wheat, rye, barley or oats very well.
 - I don't tolerate carbohydrates or sugars very well.
 - I don't tolerate a lot of protein (especially animal protein like meat, fish, chicken etc) well.
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Histamine-Sensitivity

- I have sensitive skin, have skin problems.
 - I often have itchy skin.
 - I often have cold hands and/or feet.
 - I have “winter hands” or “winter feet”) – chapped hands or feet in the cold.
 - I easily get bruises on my arms and legs.
 - I often get a headache or even migraine.
 - After drinking an alcoholic beverage I get noticeably red in the face and neck.
 - I don't have good teeth (lots of fillings, straightened with braces)
 - If I gain weight, it's usually on hips and thighs.
 - I am or was depressed.
 - I sometimes get a racing pulse or have skipped beats.
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Menstrual complaints

- My periods are irregular.
- I have skipped a period, sometimes longer than 8 weeks.
- I have light periods.
- I have heavy periods.
- I am on the “pill” to control menstrual complaints.
- During or before my periods I have sensitive (sometimes swollen) breasts, bloated abdomen, abdominal pain, back pain.
- During or before my periods I can gain about two pounds.
- I often have problems with vaginal Candida infections.
- I have had often had bladder infections.

- I have had urinary or kidney infections.
 - I have problems with breast cysts.
 - I have a lot of facial hair.
 - I have/had polycystic ovarian syndrome.
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Weight problems

- My weight is.....(*fill in*) pounds.
 - My length is.....(*fill in*) feet/inches.
 - I eat well and don't overeat, yet can't lose weight.
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Problems with sugar

- I usually feel tense.
 - If I am tense, I tend to eat.
 - I crave carbohydrates (sugar, fruit, juice etc.)
 - I have a big appetite and don't gain weight.
 - I get hungry between meals.
 - I get shaky, nauseated or dizzy when I get hungry. I am easily tense, irritated or nervous before meals.
 - I am less tired if I eat something.
 - If I skip a meal I get shaky, pale, get dizzy or even faint.
 - I wake up most nights at about 3 AM.
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Digestion

- I often have diarrhoea or loose stools.
- I am often constipated.
- My stools are generally light in colour.
- I frequently have upper-abdominal pain.
- I have a sensitive or spastic colon (IBS), celiac or Crohn's disease.
- I often have morning sickness.
- I have (had) a Candida (yeast) infection in my intestinal system.
- I have (had) a yeast infection in a nail (like athlete's foot).
- I have had a lot of antibiotics.
- I have brittle hair.
- I have brittle nails.
- I have dry skin.

- I often feel bloated after eating.
 - I often have to break wind after a meal.
 - I have heartburn/indigestion.
 - I have problems with body odour.
 - I have a problem with bad breath.
 - I have often white spots or stripes in/on my nails.
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Infection

- I have (had) a serious infection such as bronchitis, mononucleosis (kissing disease), meningitis, pneumonia – even more than once.
 - I have had another serious infection (which may not have been identified).
 - I am prone to infections.
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General Health Problems

- I need to urinate frequently.
- I have low blood pressure.
- I regularly have complaints of a sour stomach.
- I retain fluids.
- I have been anaemic.
- I am often pale in the face.
- I have gum disease or bleeding gums.
- I am or have been a vegetarian for a period longer than 6 months.
- I have an enlarged thyroid.
- I have other thyroid problems. What?
- I often get a cold.
- I have restless legs.
- I have problems sleeping.
- I often have cramps in legs or feet
- I am sensitive to pain.
- I sometimes see double.
- My vision is blurred.
- My eyelids often twitch.
- My calf muscles are always/often tense or tight.
- My muscles can often twitch.

- I was a hyperactive child.
 - I am sensitive to perfumes, fragrances, household cleaners, candles, air fresheners and other chemicals.
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Other Symptoms or Comments:
