



### Lifestyle Stresses

On a scale of 1-10 (1 least, 10 most), please rate:

Your stress from:										
Work/School	1	2	3	4	5	6	7	8	9	10
Family relationships	1	2	3	4	5	6	7	8	9	10
Loss of loved one(s)	1	2	3	4	5	6	7	8	9	10
Health problems	1	2	3	4	5	6	7	8	9	10
Other(s) _____	1	2	3	4	5	6	7	8	9	10
_____	1	2	3	4	5	6	7	8	9	10
<b>Your physical health</b>	1	2	3	4	5	6	7	8	9	10
<b>Your emotional health</b>	1	2	3	4	5	6	7	8	9	10
Your satisfaction with:										
Work	1	2	3	4	5	6	7	8	9	10
Family relationships	1	2	3	4	5	6	7	8	9	10
Achievements	1	2	3	4	5	6	7	8	9	10
Other _____	1	2	3	4	5	6	7	8	9	10
<b>Your current overall stress level</b>	1	2	3	4	5	6	7	8	9	10

**NO YES** Please explain or enter amount

Is your stress constant?   \_\_\_\_\_

Do you think any aspects of your lifestyle contribute to your health problems?   \_\_\_\_\_

Describe your diet and eating habits.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you keep regular hours?   \_\_\_\_\_

Are you presently (or have you been) active in any sport or exercise?   \_\_\_\_\_

Which one(s)? \_\_\_\_\_

Have you ever been hurt exercising or playing?   \_\_\_\_\_

If yes, age at the time and injury \_\_\_\_\_

Do any family members have similar problems to yours?   \_\_\_\_\_

Is there anything additional you'd like us to know?

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