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/Tension
- ☐ Fatigue, Tired
- ☐ Pain Anywhere in Body
- ☐ Digestive Disturbance
- ☐ Difficulty Sleeping
- ☐ Irritability
- ☐ Low Back Pain
- ☐ Neck Pain
- ☐ Wrist/Hand Pain
- ☐ Elbow Pain
- ☐ Shoulder Pain
- ☐ Hip Pain
- ☐ Pain Between Shoulder Blades
- ☐ Knee Pain
- ☐ Ankle Foot Pain
- ☐ Ringing in Ears
- ☐ Nervous
- ☐ Dizziness
- ☐ Allergies
- ☐ Tension Across Top of Shoulders
- ☐ Numbing / Tingling In Arms or Hands
- ☐ Numbing / Tingling in Legs or Feet
- ☐ Weight Trouble
- ☐ Other _____

Which of the above bothers you the most? _____

How long have you been bothered by this condition? _____

Describe how it feels or effects 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.

Would you like to get rid of the problem? ☐ Yes ☐ No

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. There is **NO CHARGE** for this examination. This will allow me to find out if I can be helped by Chiropractic without any financial barriers.

☐ I would like to come to a class on Stress and Wellness.

☐ 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 _____