

Stress History

Name _____
Date _____

Key:
0 = No
1 = Mildly
2 = Moderately
3 = Considerably



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Part 1 -Physical Stress History

Using the key to the right, please rate the degree the following stressors have been a part of your life. Please answer for both past and present (present = last 12 months),

Structural Stress

past	present	
___	___	inactivity / no exercise
___	___	excessive exercise (i.e. run 25+miles/wk)
___	___	sit more than 6 hours / day
___	___	computer work / typing
___	___	falls or accidents
___	___	poor posture
___	___	difficult / strenuous work
___	___	heavy lifting
___	___	prolong standing in one place
___	___	working with pain
___	___	bad shoes
___	___	Section Total

Electromagnetic Stress

past	present	
___	___	live or work by power lines
___	___	sleep with an electric blanket
___	___	spend less than 15/min/day outdoors
___	___	very little contact with nature
___	___	watching television
___	___	computer or video games
___	___	cell phone use
___	___	microwaves
___	___	Section Total

Sleep & Rest Stress

past	present	
___	___	suspect a bad bed
___	___	sleep with more than one pillow
___	___	sleep in an upright position
___	___	sleep on stomach
___	___	lack of sleep (less than 8hr./night)
___	___	difficult sleep / trouble sleeping
___	___	not rested after a nights sleep
___	___	little alone time while awake
___	___	hectic life
___	___	you put others first and there is little time for you
___	___	Section Total

Toxic / Chemical Stress

past	present	
___	___	known or suspected food allergies
___	___	municipal / city water
___	___	chemicals in your work environment
___	___	food additives (i.e. nitrates, nitrites, colors, etc.)
___	___	exposure to pesticides / herbicides
___	___	exposure to paints / paint thinner / solvents
___	___	toxic hobby
___	___	cleaning solutions
___	___	second hand smoke
___	___	rarely if ever perspire
___	___	constipation
___	___	low water consumption (4 cups/day or less)
___	___	Section Total

Medications / Drugs

past	present	
___	___	street drugs
___	___	- (marijuana, cocaine, crack, etc.)
___	___	cigarettes, cigars, tobacco, etc.
___	___	caffeine in soda, coffee, etc.
___	___	alcohol
___	___	cold medications
___	___	aspirin / tylenol / advil
___	___	ibuprofin
___	___	motrin
___	___	antacids
___	___	antibiotics / antifungal
___	___	antihistamine
___	___	antidepressant
___	___	prednisone / antiinflammatory
___	___	asthma inhaler
___	___	oral contraceptives
___	___	blood pressure medication
___	___	hormones
___	___	laxatives
___	___	chemotherapy
___	___	medication for sleep
___	___	other
___	___	Section Total

Dietary Stress:

past	present	
___	___	high sugar diet
___	___	- (cereal, pop, candy, cookies, cake, pie, etc.)
___	___	fried foods
___	___	margarine / shortening
___	___	low vegetable consumption
___	___	low fruit consumption
___	___	processed meats
___	___	- (bologna, hot dogs, deli meats, etc.)
___	___	refined carbohydrates
___	___	- (crackers, white breads, cereal, etc.)
___	___	less than 6-8 cups of water/day
___	___	water consumption replaced with sugar drink
___	___	- (kool aid, soda pop, fruit juice, etc.)
___	___	water consumption replaced with flavored drinks
___	___	- (tea, coffee, etc.)
___	___	use artificial sweeteners (nutrasweet/aspartame)
___	___	carbonated water
___	___	drink liquids with your meals
___	___	eat at fast food restaurants
___	___	salt food without tasting
___	___	snack foods
___	___	frequent dieting
___	___	over eating
___	___	stressful or chaotic meal times
___	___	eating fast or on the run
___	___	poor chewing of food
___	___	Section Total

Spiritual / Moral Stress

past	present	
_____	_____	feelings of inadequacy
_____	_____	insufficient love
_____	_____	fear criticism
_____	_____	values conflict
_____	_____	lack of personal purpose in life
_____	_____	unhappy or joyless
_____	_____	suicidal
_____	_____	Section Total

Relational Stress

past	present	Conflict / Trauma / Disappointment?
_____	_____	with husband or wife
_____	_____	with child or children
_____	_____	with parents or in-laws
_____	_____	with brothers or sisters
_____	_____	with a friend
_____	_____	with coworkers
_____	_____	death of a loved one
_____	_____	Section Total

Career / Financial Stress

past	present	
_____	_____	debt
_____	_____	loss of job (you or spouse)
_____	_____	major job change
_____	_____	past marriage obligations
_____	_____	financial tragedy in your life
_____	_____	sole provider for the family
_____	_____	unsteady income source
_____	_____	difficult work environment
_____	_____	dissatisfaction with job or occupation
_____	_____	Section Total

Part 1 Total (total of all sections in part 1)

Part 2 -Emotional Stress

What is the level of your emotional stress? Listed to the right are examples of emotional stress. Take a moment to review the list and score each item using the key below. Then, in the graph to the right, please circle the number which best indicates your past and present overall level of emotional stress. Present = last twelve months.

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Past			Present
_____	anger	_____	
_____	bitterness	_____	
_____	jealousy	_____	
_____	envy	_____	
_____	hurt	_____	
_____	sadness	_____	
_____	resentment	_____	
_____	hopelessness	_____	
_____	frustration	_____	
_____	despair	_____	
_____	depression	_____	
_____	anxiousness	_____	
_____	disappointment	_____	
_____	pessimism	_____	
_____	worry	_____	
_____	fear	_____	
_____	loneliness	_____	
Total	_____	Total	_____



Part 3 -Greatest Stress

What are the three greatest stressors you have ever experienced in your life? Please list them below.

Do they impact your health today?

How long has the stress continued in your life?

1. _____	yes	no	_____

2. _____	yes	no	_____

3. _____	yes	no	_____

