

# Identi-T™ Stress Assessment

## Introduction:

Stress is a normal part of life. Every day, we're faced with stimuli, called stressors, which can elicit the body's "fight or flight" response, setting off a cascade of physiological reactions and resulting in emotions ranging from mild to intense. While occasional stress is natural and even healthy, chronic or acute stress can be harmful.

Please take a few moments to discover your body's response to situations you perceive as stressful. By honestly assessing how you feel, your healthcare provider can create a natural stress relief program for your individual needs.

## Directions:

Please read each statement and choose the number in the drop-down 0, 1, 2, or 3 that best describes your feelings or reactions throughout the course of the day. Some questions may appear redundant between sections. There's a reason for each question. Don't spend much time on any one question.

Once you complete the assessment, please save the file and email it back to your healthcare practitioner.

**0 = Never true, 1= Seldom true, 2= Sometimes true, 3= Often true**

## For the past two weeks or longer, I...

### Section A:

1	Get wound up when I get tired and have trouble calming down.	0
2	Feel driven, appear energetic but feel "burned out" and exhausted.	0
3	Feel restless, agitated, anxious, and uneasy.	0
4	Feel easily overwhelmed by emotion.	0
5	Feel emotional — cry easily or laugh inappropriately	0
6	Experience heart palpitations or a pounding in my chest.	0
7	Am short of breath	0
8	Am constipated.	0
9	Feel warm, over-heated, and dry all over.	0
10	Get mouth sores or sore tongue.	0
11	Get hot flashes.	0
12	Sleep less than seven hours a night	0
13	Have trouble falling asleep and staying asleep.	0
14	Worry about high blood pressure, cholesterol, and triglycerides.	0
15	Forget to eat and feel little hunger	0
<b>Total Points Section A</b>		<b>0</b>

**Section B:**

1	Find myself worrying about things big and small	0
2	Feel like I can't stop worrying, even though I want to.	0
3	Feel impulsive, pent up, and ready to explode.	0
4	Get muscle spasms.	0
5	Feel aggressive, unyielding, or inflexible when pressed for time.	0
6	See, hear, and smell things that others do not.	0
7	Stay awake replaying the events of the day or planning for tomorrow.	0
8	Have upsetting thoughts or images enter my mind again and again	0
9	Have a hard time stopping myself from doing things again and again, like checking on things or rearranging objects over and over	0
10	Worry a lot about terrible things that could happen if I'm not careful.	0
<b>Total Points Section B</b>		<b>0</b>

**Section C:**

1	Have muscle and joint pains	0
2	Have muscle weakness	0
3	Crave salt or salty things	0
4	Have multiple points on my body that when touched are tender or painful	0
5	Have dark circles under my eyes	0
6	Feel a sudden sense of anxiety when I get hungry	0
7	Use medications to manage pain	0
8	Get dizzy when rising or standing up from a kneeling or sitting position	0
9	Have diarrhea or bouts of nausea with or without vomiting for no apparent reason	0
10	Have headaches	0
<b>Total Points Section C</b>		<b>0</b>

**Section D:**

1	Have trouble organizing my thoughts.	0
2	Get easily distracted and lose focus.	0
3	Have difficulty making decisions and mistrust my judgment.	0
4	Feel depressed and apathetic	0
5	Lack the motivation and energy to stay on task and pay attention.	0
6	Am forgetful	0
7	Feel unsettled, restless, and anxious	0
8	Wake up tired and un-refreshed	0
9	Experience heartburn and indigestion	0
10	Catch colds or infections easily	0
<b>Total Points Section D</b>		<b>0</b>

**Section E:**

1	Feel tired for no apparent reason	0
2	Experience lingering mild fatigue after exertion or physical activity	0
3	Find it difficult to concentrate and complete tasks	0
4	Feel depressed and apathetic	0
5	Feel cold or chilled – hands, feet, or all over – for no apparent reason	0
6	Have little or no interest in sex.	0
7	Sweat spontaneously during the day	0
8	Feel puffy and retain fluids	0
9	Sleep more than nine hours a night	0
10	Have poor muscle tone	0
11	Have trouble losing weight	0
12	Wake up tired even though I seem to get plenty of sleep	0
13	Have no energy and feel physically weak	0
14	Am susceptible to colds and the flu	0
15	Feel dragged down by multiple symptoms, such as poor digestion and body aches	0
<b>Total Points Section E</b>		<b>0</b>

**Total for A, B, C**

**Total for C, D, E**



**Health Status:**

1 Rate the level of stress you experience on the scale of 1-10, 10 being the worst:

2 What do you consider to be the major causes of your stress (for example — spouse, family, friends, work, finances, wedding, pregnancy, legal, commute): \_\_\_\_\_

3 How many times per week do you eat breakfast?

3a. What is your typical breakfast? \_\_\_\_\_

4 How many days per week do you take a vitamin/mineral?

4a. How many days per week do you take a fish oil supplement?

5 How often do you participate in at least 30 minutes of physical activity such as walking, aerobics (e.g., running), resistance training (e.g., weights, pilates), biking or yoga?

6 If you smoke, how many cigarettes do you smoke daily.

7 How often to you drink two or more 8 ounce cups of caffeinated coffee or other caffeinated beverages like energy/diet drinks, colas, or black or green teas:

8 How often do you drink two or more ounces of alcoholic beverages?

9 List your current health problems and any over-the-counter or prescription medications that you are now taking:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_