



# Elemental Holistic Therapies

## Body/Mind Healing

\*\* This is not a clinical stress questionnaire, it simply provides you an indication of some of the areas of your life where you experience stress

Circle where you feel you are right now, or overall this past week

1    2    3    4    5    6    7    8    9    10

1 = Sad, tired, anxious, depressed, withdrawn, irritable, tense, angry

10 = Happy, rested, relaxed, energized, involved with life

Circle any words or phrases that describe how you have been feeling or acting over the last week or two

Difficulty concentrating	Gratitude
Sad / Crying	Energized
Change in eating (more or less)	Hopeful
Increased or Decreased sleep	Ease                      Calm
Irritable      Worried      Anxious	Peaceful              Loved
Anger              Rage              Overwhelmed	Appreciation / Feeling appreciated
Racing thoughts	Engaged with those around you
Alone / Isolated	Relaxed                      Animated
Feeling misunderstood	Confident                      Supported
Decreased energy / Lethargic	Content                      Satisfied
Physical aches and pains	Creative                      Inspired
Hopeless	Empowered
Negative thinking	Optimistic

For the following pages, circle the response which indicates how often you experience these during a typical week, and then add up the point total for each section:

- |   |                  |   |                  |
|---|------------------|---|------------------|
| 1 | Never            | 4 | Most of the time |
| 2 | Almost never     | 5 | Almost always    |
| 3 | Some of the time |   |                  |

<b>Physical Indicators:</b>						
1	I feel tense all over	1	2	3	4	5
2	I have a hard time feeling relaxed	1	2	3	4	5
3	I have chronic or frequent body pain / back pain	1	2	3	4	5
4	I get severe or chronic headaches	1	2	3	4	5
5	My neck, shoulders or jaw are tense	1	2	3	4	5
6	I have digestive issues (diagnosed issue, heartburn, acid reflux etc)	1	2	3	4	5
7	I eat a lot of junk food	1	2	3	4	5
8	I get at least 3 hours a week of exercise	1	2	3	4	5
9	I eat three meals a day	1	2	3	4	5
10	My weight is more than 15 pounds higher than what is recommended for my height/build	1	2	3	4	5
11	I feel short of breath with mild exercise	1	2	3	4	5
12	I generally feel fatigued all the time	1	2	3	4	5

Total 1 \_\_\_\_ Total 2 \_\_\_\_ Total 3 \_\_\_\_ Total 4 \_\_\_\_ Total 5 \_\_\_\_

<b>Sleeping Indicators:</b>						
1	I have trouble falling asleep	1	2	3	4	5
2	I have trouble staying asleep	1	2	3	4	5
3	I use medication to help me sleep	1	2	3	4	5
4	I have nightmares or bad dreams	1	2	3	4	5
5	I wake up at night for no apparent reason	1	2	3	4	5
6	I usually wake up feeling tired	1	2	3	4	5

Total 1 \_\_\_\_ Total 2 \_\_\_\_ Total 3 \_\_\_\_ Total 4 \_\_\_\_ Total 5 \_\_\_\_

<b>Working Indicators:</b>						
1	I work through my lunch	1	2	3	4	5
2	I work late a lot or on weekends	1	2	3	4	5

3	I go to work even if I'm sick	1	2	3	4	5
4	I bring work home	1	2	3	4	5
5	I arrive at work late	1	2	3	4	5
6	I get along with my co-workers	1	2	3	4	5
7	I fight with my co-workers	1	2	3	4	5
8	I experience anger & frustration at my co-workers	1	2	3	4	5
9	I often feel overwhelmed	1	2	3	4	5
10	I have some control over my workload	1	2	3	4	5

Total 1 \_\_\_\_ Total 2 \_\_\_\_ Total 3 \_\_\_\_ Total 4 \_\_\_\_ Total 5 \_\_\_\_

<b>Behaviourial / Social Indicators:</b>						
1	It's easy for me to talk to strangers	1	2	3	4	5
2	I get tongue tied when I talk to people	1	2	3	4	5
3	I have noticed changes in my sex life / sex drive	1	2	3	4	5
4	I spend most evenings watching tv	1	2	3	4	5
5	I have trouble remembering things	1	2	3	4	5
6	I worry a lot	1	2	3	4	5
7	I have temper outbursts I can't control	1	2	3	4	5
8	I feel extremely sensitive and irritable	1	2	3	4	5
9	I don't handle constructive criticism well	1	2	3	4	5
10	I feel angry or frustrated or sad most of the time	1	2	3	4	5
11	I have a hard time showing any emotions other than anger	1	2	3	4	5
12	I can be overly impulsive	1	2	3	4	5
13	I have at least one hobby that I enjoy doing	1	2	3	4	5
14	I generally feel that things go my way	1	2	3	4	5
15	I can generally cope with all the things I have to do	1	2	3	4	5
16	I feel on top of things / my life	1	2	3	4	5

Total 1 \_\_\_\_ Total 2 \_\_\_\_ Total 3 \_\_\_\_ Total 4 \_\_\_\_ Total 5 \_\_\_\_

<b>Resiliency Indicators:</b>						
1	I tend to bounce back quickly after hard times	1	2	3	4	5
2	I have a hard time making it through stressful events	1	2	3	4	5
3	It is hard for me to snap back when something bad happens	1	2	3	4	5

4	I usually come through difficult times with little trouble	1	2	3	4	5
5	I choose healthy activities to reduce stress	1	2	3	4	5
6	I can find positive solutions to life's problems	1	2	3	4	5
7	I like who I am, overall	1	2	3	4	5
8	I feel optimistic about my future	1	2	3	4	5
9	It is easy for me to ask for help when I need it	1	2	3	4	5
10	Unexpected events cause me to be upset or angry	1	2	3	4	5
11	I can stay positive when I'm tired or ill	1	2	3	4	5
12	I can function quite well when I'm sad or blue	1	2	3	4	5
13	I am easily startled or feel on edge	1	2	3	4	5
14	I feel numb and detached from those around me	1	2	3	4	5
15	I feel alone most of the time	1	2	3	4	5
16	Overall I don't feel optimistic about my future	1	2	3	4	5

Total 1 \_\_\_\_ Total 2 \_\_\_\_ Total 3 \_\_\_\_ Total 4 \_\_\_\_ Total 5 \_\_\_\_

<b>Major Challenges:</b>		
1	In the last 12 months, have you experienced:	
	- death of spouse/partner	Yes No
	- romantic separation / break up / divorce	Yes No
	- lost your job	Yes No
	- major business readjustment	Yes No
	- death of a close friend	Yes No
	- took out mortgage or long term loan	Yes No
	- major injury or illness	Yes No
	- major change in health/behaviour of close family member	Yes No
	- new family member	Yes No
	- change to a different line of work	Yes No
	- major change in responsibilities at work	Yes No