

Holistic Stress Evaluation Questionnaire

Date: _____

Name: _____ E-mail _____

DOB/Place/Time: _____

(For place please list State, town/city and time please in Military Form)

Male Female

Pregnant: Y N

Number of organs removed: _____

Number of Synthetic Drugs used currently: _____

(Please include any medication taken and count all OTC medications)

Amount of times you smoke/day: _____

Number of cigarettes, cigars, ect.

(Use daily average over last two months)

Number of steroids type drugs used in the last year: _____

(For hormonal steroids is one type of group)

Number of street drugs used/month: _____

(List different types and amount used)

Number of all known allergies: _____

(List all major confirmed allergies)

Number of unresolved mental factors: _____

(Ex. Anger, fear, greed, desire, sadness, etc.)

I am responsible for my body 0 min-10 max: _____

Amount of fat in diet, as percent: _____

Amount of negativity (1-10): _____

Personal stress 0 min-10 max: _____

Number of sugar products/day includes soft drinks, ice cream etc.: _____

(Any use of white processed sugar or wheat per average day)

Number of exercise sessions/ week 20 min. or more, not work: _____

(Count only official workouts that end in a sweat)

Number of alcoholic drinks/day on average: _____
(Men should not have over three, women not over two)

Number of cups of coffee, tea/day or any caffeine products: _____
(Caffeine is in chocolate, cola and other foods as well)

Number of extreme toxic exposures/year: _____
Radiation, insecticide, chemicals
(Count each chemotherapy and radiation treatment as well as any accidental exposure)

Number of major injuries in the past: _____
(Count all emotional, physical, or other traumas)

Number of major infections past and present: _____
(Count all major health threatening infections)

Number of glasses of water or natural fruit juice per day: _____

How many kilos overweight do you think you are: _____
(2.2lbs=1 Kilo) How many lbs. overweight do you think you are: Please convert.

The next sets of questions please answer on a scale of 1 min-10 max.

1. interpersonal stress: _____
2. job or school stress: _____
3. struggle with self-esteem: _____
4. stress from sickness: _____
5. family stress: _____
6. stress form desire for things to be different: _____
7. Problem with bowels: _____
8. Problem with sweat: _____
9. Problem with urine: _____
10. Problem with mucous: _____
11. Problem with menses: _____
12. Problem with breath: _____
13. Problem with skin: _____
14. Problem with sleep: _____
15. Amount of negativity: _____

Please check the boxes that only apply to you.

- Do you eat processed foods, do you not eat fresh raw vegetables
- Is your mouth dry during eating, do you not chew properly
- Do you crave liquids with meal, do you bloat or belch after eating

- Is there little absorption in the small intestine
- Do you have rectal gas
- Is there pain in the Illeocecal or calve of houstan area (right lower abd.)
- Is your immune system weakened by emotional stress
- Can you not maintain body stability, temperature, thirst, desire
- Do you have three of these stool contions: 1. float, 2. stink, 3. greasy, 4. sticky, 5. light in color.
- Do you have sore throats often
- Are you susceptible to bacteria fungus or cancer
- Are there any disorders of blood cell count
- Are you susceptible to fungal infections
- Is your blood ever toxic
- Do you have urinary or growth problems
- Do you have trouble waking up to the sun
- Do you have trouble with metabolism
- Do you have any blood sugar disorders
- Are there any infections or cholesterol disease
- Are you tired and fatigued all of the time
- Are there any sexual system disorders
- Are you unable to control sexual thoughts or anger
- Do you worry too much
- Do you have sinus problems
- Do you crave salty foods
- Do you crave spicy foods
- Do you crave sweet foods
- Do you love bitter foods
- Do you crave sour foods
- Do you feel too much sadness
- do you feel anxiety easily
- Do you fear too much
- Is there trouble seeing your future
- Do you have a weak will
- Do you feel loved, or feel love
- Do you not hear your body's needs
- Is your spirit not at rest