Review of Stressors

Name: _____ Date: _____

0-Definitely not a factor
1-Possibly a factor, but I don't really think so
2-Possibly a factor, I just don't know
3-I think this could be a factor
4-I feel that this is a significant factor
5-I know that this is a key factor

Structural/Physical Stress

- ☐ Work Habits
- ☐ Inherited Weakness
- ☐ Rest/Sleep Habits
- ☐ Joint Mobility/Mechanics
- ☐ Postural Habits
- ☐ Exercise Habits
- ☐ Past Surgeries
- ☐ Past Injuries (auto, sport, etc.)
- ☐ Birth Trauma

Chemical Stress

- ☐ Food Choices
- ☐ Beverage Choices (coffee, tea, soda, etc.)
- ☐ Eating Habits
- ☐ Inefficient Digestion
- ☐ Drug Use (prescription or recreational)
- ☐ Alcohol Use
- ☐ Chemical Exposure (work, hobbies, etc.)
- ☐ Inherited Weakness
- ☐ Air Quality (smoke, dust, dirt, etc.)
- ☐ Water Quality

Mental/Emotional/Spiritual

- ☐ Home Environment
- ☐ Work Environment
- ☐ Social Environment
- ☐ Social Activities
- ☐ Recreational Activities
- ☐ Self-Esteem
- ☐ Sufficient Love
- ☐ Values/Rules Conflicts
- ☐ Religious Conflicts
- ☐ Relaxation Time
- ☐ Financial
- ☐ Relationship with Family
- ☐ Relationship with Neighbors
- ☐ Relationship with Friends
- ☐ Relationship with Significant Other
- ☐ "Self-talk"
- ☐ Travel to Work

Electromagnetic Stress

- ☐ Time Spent Outdoors with Nature
- ☐ Time Spent Indoors
- ☐ Home Ventilation
- ☐ Office/Workplace Ventilation
- ☐ Time Spent on Video Display Terminal
- ☐ Time Spent on Cell or Cordless phone
- ☐ Time Spent in Front of Television or Other Electrical Equipment and/or Appliances
- ☐ Previous Radiation Therapy
- ☐ Overhead Florescent Lighting
- ☐ Exposure to Other Electromagnetic Fields (Microwaves, high-tension wires, etc.)

SLEEP EVALUATION

Patient Name: _____ Date: _____

Please answer the following questions with a yes or a no.

1. _____ Do you have trouble getting to sleep?
2. _____ Do you have trouble staying asleep, awaking every few hours?
3. _____ Do you feel fatigued or groggy when you get up in the morning?
4. _____ Is it hard to wake up and get going in the morning?
5. _____ Are you sleeping during the day?
6. _____ Do you snore loudly?
7. _____ Are you substantially overweight?
8. _____ Has anyone witnessed you sleeping, and noticed that you regularly stop breathing for several seconds or longer?
9. _____ Do you wake up with a sore throat or headache very often?
10. _____ Do your arms or legs make abrupt, jerky movements while you are in bed?
11. _____ Do you have uncomfortable, tingly, achy or creepy-crawly feelings in your legs when you lie down?
12. _____ Do you consume alcohol, especially with dinner or in the evening?

For women:

13. _____ Are you awakened by night sweats, or from being too hot?

THE STRESS OF ADJUSTING TO CHANGE

Name: _____ Date: _____

NOTE: Circle numbers that pertain to you for the past year. Then add the points to figure your score.

EVENTS	SCALE OF IMPACT
Death of spouse	100
Divorce	73
Marital separation from mate	65
Detention in jail or other institution	63
Death of a close family member	63
Major personal injury or illness	53
Marriage	50
Being fired at work	47
Marital reconciliation with mate	45
Retirement from work	45
Major change in the health or behavior of a family member	44
Pregnancy	40
Sexual difficulties	39
Gaining anew family member (e.g. Birth, adoption etc.)	39
Major business readjustment (e.g. merger, reorganization, etc.)	39
Death of a close friend	37
Major change in financial state	38
Changing to a different line of work	36
Major change in the number of arguments with spouse	35
Taking out a mortgage or loan for a major purchase	31
Foreclosure on a mortgage or loan	30
Major change in responsibilities at work	29
Son or daughter leaving home	29
Trouble with in-laws	29
Outstanding personal achievement	28
Wife beginning or ceasing work outside home	26
Beginning or ceasing formal schooling	26
Major change in living conditions	25
Revision of personal habits	24
Trouble with the boss	23
Major change in working hours or conditions	20
Change in residence	20
Changing to a new school	20
Major change in usual type and/or amount of recreation	19
Major change in church activities	19
Major change in school activities	18
Taking out a mortgage or loan for a lesser purchase	17
Major change in sleeping habits	16
Major change in number of family get-togethers	15
Major change in eating habits	15

TOTAL _____

Scoring:
MORE THAN 300 POINTS IN ONE YEAR HAS AN 87% PROBABILITY of major illness in the following year.
150-300 POINTS: 48% PROBABILITY
LESS THAN 150 POINTS: 23% PROBABILITY

Vitality Survey

Name: _____

Date: _____

HOW OFTEN DO YOU:	(score: NEVER-0, SELDOM-1, OCCASIONALLY-2, OFTEN-3, VERY OFTEN-4)	SCORE
1.	Experience indifference (don't care)?	
2.	Lose your sense of humor/take life too seriously?	
3.	Experience doubt or indecision?	
4.	Experience worry or indecision?	
5.	Feel over cautious or pessimistic?	
6.	Lack self confidence or feel low self esteem?	
7.	Experience stress or feel nervous or tense?	
8.	Feel irritable or oversensitive?	
9.	Experience difficulty concentrating and loss of clear thought?	
10.	Experience inadequate energy (fatigue)?	
11.	Have coffee, tea, tobacco, sugar or other stimulants as a pick up?	
12.	Experience nervous indigestion?	
13.	Experience loss of sex drive?	
14.	Experience difficulty sleeping?	
15.	Experience difficulty getting up in the morning?	
16.	Feel run down?	
17.	Feel depressed?	
18.	Feel like crying for no reason?	
19.	Find it difficult to sit quietly (without fidgeting, talking, reading, watching TV, etc.)?	
20.	Find it difficult to express your feelings?	
21.	Experience rapid heart beat or panic?	
22.	Feel moody?	
23.	Feel suicidal or wonder weather life is worth living?	
24.	Have anxiety about not having enough money?	
25.	Fear ill health?	
26.	Fear loss of love?	
27.	Fear criticism?	
28.	Fear old age or death?	
29.	Feel "something is the matter with me" but don't know what?	
30.	Think you might be going crazy (losing it)?	

TOTAL SCORE:_____

SCORING:

0 — 30 POINTS = Powerful Nerve Force — HIGH VITALITY

31 —45 POINTS = Strong Nerve Force —GOOD VITALITY

46 — 60 POINTS = Moderate Nerve Force — AVERAGE VITALITY

61 — 75 POINTS = Low Nerve Force — LOW VITALITY

76 —90 POINTS = Nervous Fatigue — NERVOUS FATIGUE

91 — 105 POINTS = Nervous Depletion — NERVOUS EXHAUSTION

106 —120 POINTS = Serious Nervous Exhaustion — SEVERE BURNOUT

YES, YOU CAN IMPROVE YOUR VITALITY, JUST ASK OUR DOCTORS!
Let us determine the causes if your vitality is declining.

Stress Indicator Test

Name: _____ Date: _____

Stress can aggravate if not cause every known symptom, but there is no specific diagnostic test for it. However, cumulative stress leads to an increasing number of syMptoms and may alter the adrenal hormones DHEA and cortisol which can be evaluated by laboratory testing.
Please check only those symptoms you have now, or have been significant in the past six (6) months.

_____Depressed mood
_____Significant weight loss or gain
_____Insomnia
_____Oversleeping
_____Fatigue, low energy
_____Feelings of worthlessness or guilt
_____Difficulty concentrating
_____Indecisiveness
_____Recurrent death or suicide thoughts
_____Nervous exhaustion
_____Anxiety or worry
_____Frequent crying
_____Being extremely shy
_____Lumps or swelling in the neck
_____Vision problems
_____Hearing problems
_____Sore or sensitive tongue
_____Change in sense of taste
_____Breathing problems
_____Frequent colds
_____Sore throat or hoarseness
_____Enlarged tonsils
_____Difficulty in swallowing
_____Coughing spells
_____High or low blood pressure
_____Heart problems
_____Shortness of breath
_____Heartburn
_____Feeling bloated
_____Excess belching
_____Nausea
_____Peptic ulcer
_____Loss of appetite
_____Digestive problems
_____Excess hunger
_____Frequent urination at night
_____Urinary problems
_____Constipation
_____Diarrhea
_____Other bowel problems
_____Frequent stomach trouble
_____Intestinal worms
_____Hemorrhoids
_____Yellow jaundice
_____Biting your nails
_____Stuttering or stammering
_____Sexual problems
_____Hernia or rupture
_____Kidney or bladder disease
_____Stiff or painful muscles or joints
_____Back or shoulder pain
_____Painful feet
_____Itching or burning skin
_____Dizziness
_____Cold hands or feet
_____Epilepsy
_____Tendency to shake or tremble
_____Tendency to be too hot or too cold
_____Sedentary
_____Overweight or underweight
_____Dental problems
_____Coated tongue
_____Varicose veins
_____Headaches
_____Surgery within last year
_____Get angry easily
_____Feel lonely or sad

For Men Only

_____Weak or slow urine stream
_____Prostate trouble
_____Swelling or lumps in testicles
_____Trouble getting erections

For Women Only

_____Difficult or heavy menses
_____PMS
_____On birth control pills (during last year)
_____Vaginal discharge
_____Hot flashes
_____Have had hysterectomy
_____On hormonal replacement
_____Lumps in breast

Scoring: If you have 20 or more symptoms at the same time, stress is most likely aggravating your symptoms. If you have less than 10 symptoms, it is likely your adrenal glands are functioning satisfactorily. Laboratory tests are available to check adrenal gland function.

Total Score _____ /20

Relaxation Exercises

To be done daily upon retiring and at least once throughout the day, preferably mid-day to late afternoon. It should generally be done whenever indicated by the presence of tension which is not readily dissipated. Such stress, left unresolved, is one of the leading causes of dysfunction and subsequent disease.

1. Dim or extinguish bright lights (if you wish).

2. Position yourself on your back on a firm surface (the floor does nicely) with knees flexed and your lower legs over a couch or the seat of a chair or simply place a large pillow or rolled blanket under them.

3. Flatten a pillow, rolled towel, sweater or coat, beneath your head and gather it behind your neck to provide comfortable support. This is not necessary if you use a contoured pillow.
Many find it useful to have a friend or family member assist them by reading the following instructions the first few times they do this, until they get familiar with it.

4. Close your eyes and breathe rhythmically. IN..1..2..3..4, HOLD..1..2..3..4..5..6..7..8, OUT..1..2..3..4, HOLD..1..2..3..4..5..6..7..8, and continue. This alters your brain wave patterns and facilitates relaxation. Concentrate on drawing your breath from deep in your abdomen and lower rib cage. (You should feel your stomach rise high on each deep inspiration).

5. Let your body go limp. Imagine yourself to be a jellyfish floating in calm clear blue sea, or an angel floating on a fluffy white cloud, as you continue your rhythmic breathing.
6. Now as you inhale start with just your toes and contract the muscles in them firmly, maintaining the contraction for the duration of the eight count, while at the HOLD", in your breathing. Then relax your toes slowly, as you exhale all of the tension from your body and feel the sensation of relaxation that follows.

7. Proceed next, to contract your toes and foot muscles. Hold them tight for the eight count following your next inhalation, then let them relax slowly as you

exhale every bit of tension from your body. Note the soothing wave of relaxation which spreads over you. Continue your slow even breathing.

8. Now contract your lower legs, feet and toes all together. Hold those calves tight for your eight count, then let them relax and note the feeling of true relaxation as it spreads throughout your lower limbs.

9. Continue this pattern, adding another adjacent part of your anatomy to the intense contraction with each subsequent cycle, being sure to relax slowly and totally each and every time, noting the spread of wonderful and soothing relaxation.

10. The last cycle, (there should be approximately 10, including the following parts; toes, feet, calves, thighs, hips/pelvis/buttocks, abdomen/chest, back, shoulders/arms, neck/scalp, face and tongue) with the final addition of the scalp and face, will complete your sequential contraction of every possible muscle and the subsequent relaxation of your entire body.

11. Lie still when you are done, continuing your rhythmic breathing, and enjoy the sensation of total body relaxation for as long as possible.

12. This is an excellent time to mentally review "Your Daily Questions" found in the P.E.P. Step "Mental Focus, the Power of Questions".

Note:

One of the keys to total relaxation is concentrating on the contraction of each individual body part and its subsequent relaxation, while keeping your mind clear of all other thoughts. Simply focus on the rhythm of your breathing and the feedback from your various body parts as you consecutively contract and relax each of them.

References:

Silva Method
972-618-7905
Kain Samiya

Transforming Stress
Doc Childre and Deborah
Rozman