



Melbourne
Natural
Wellness

STRESS & MOOD ASSESSMENT

DATE: _____

NAME: _____

EMAIL: _____

Please put an * in the column for the question you are answering. Your response is to each statement as it was applied during the past two weeks. Some of the questions may be repeated, but please ensure you answer them all. There are no right or wrong answers. Don't think too much about your response - your first answer is the best one.

PART A

	Column I Never or not at all	Column II Some of the time or mildly	Column III Often or moderately	Column IV Always or severely
1 I am aware of dryness in my mouth	0	1	2	3
2 I find it difficult to work up the initiative to do things	0	1	2	3
3 I tend to overreact to situations	0	1	2	3
4 I worry about situations in which I might panic and make a fool of myself	0	1	2	3
5 I find it difficult to relax	0	1	2	3
6 I feel downhearted and sad	0	1	2	3
7 I am intolerant of anything that keeps me from getting on with what I am doing	0	1	2	3
8 I am unable to become enthusiastic about anything	0	1	2	3
9 I am aware of the action of my heart in the absence of physical exertion (e.g. increased heart rate or missed beat)	0	1	2	3
10 I find myself getting impatient when I am delayed in any way (e.g. traffic lights, lifts, being kept waiting)	0	1	2	3
11 I feel close to panic	0	1	2	3
12 I can see nothing in the future to be hopeful about	0	1	2	3

QUESTIONNAIRE

PART B

SECTION 1	Column I Never or not at all	Column II Some of the time or mildly	Column III Often or moderately	Column IV Always or severely
1 I feel anxious and worried	0	2	4	6
2 I find it difficult falling asleep, staying asleep and/or I wake early	0	2	4	6
3 I feel panicky or distressed	0	2	4	6
4 My appetite and/or weight decreases when I'm stressed	0	1	2	3
5 I have a tendency to addictions or substance abuse (smoking, alcohol or other drugs)	0	1	2	3

TOTALS

SECTION 2	Column I Never or not at all	Column II Some of the time or mildly	Column III Often or moderately	Column IV Always or severely
1 I feel 'wired but tired' - anxious but lethargic	0	2	4	6
2 I feel very fatigued in the afternoon or night	0	2	4	6
3 I have been anxious or worried for many years	0	2	4	6
4 I feel flushed, hot or sweating in the afternoon or night	0	1	2	3
5 I have aches and pains in my joints, bones or lower back	0	1	2	3

TOTALS

SECTION 3	Column I Never or not at all	Column II Some of the time or mildly	Column III Often or moderately	Column IV Always or severely
1 I feel like my 'battery is flat'	0	2	4	6
2 I lack stamina or tire easily	0	2	4	6
3 I have difficulty completing projects	0	2	4	6
4 I find it difficult to lose weight	0	1	2	3
5 My appetite increases when I am stressed or upset	0	1	2	3

TOTALS

FOR PRACTITIONER USE ONLY. THIS IS A SCREENING TOOL DESIGNED TO HELP YOUR PRACTITIONER IDENTIFY TRADITIONAL SYMPTOM PATTERNS ASSOCIATED WITH STRESS.



SECTION 4	Column I Never or not at all	Column II Some of the time or mildly	Column III Often or moderately	Column IV Always or severely
1 I worry excessively	0	2	4	6
2 I feel teary or cry easily when stressed	0	2	4	6
3 I find it difficult making decisions 3 and/or tend to brood on things from the past	0	2	4	6
4 I feel overwhelmed: everything's too much to cope with	0	1	2	3
5 I feel the cold easily	0	1	2	3

TOTALS

SECTION 5	Column I Never or not at all	Column II Some of the time or mildly	Column III Often or moderately	Column IV Always or severely
1 I get easily irritated or frustrated	0	2	4	6
2 I find it hard to get to sleep or stay asleep	0	2	4	6
3 I suffer shoulder and/or neck pain and/or stiffness	0	2	4	6

MALES ONLY

4 I have a decreased interest in sex	0	1	2	3
5 I have been tired, unhappy and irritable	0	1	2	3

FEMALES ONLY

4 I have been irritable, anxious and/or depressed, especially around my period	0	1	2	3
5 I have a decreased interest in sex	0	1	2	3

TOTALS

QUESTIONNAIRE

PART C

Please put an * if you have been medically diagnosed with any of the following:

Depression

Anxiety disorders

Low thyroid function / hypothyroidism

SECTION 6		Column I Never or not at all	Column II Some of the time or mildly	Column III Often or moderately	Column IV Always or severely
1	I'm too stressed to think straight	0	2	4	6
2	My brain feels foggy, I can't concentrate	0	1	2	3
3	I find it difficult to learn and remember things	0	1	2	3
4	I get cold hands and feet	0	1	2	3
5	I can't remember the right words for things	0	1	2	3

TOTALS

SECTION 7

SECTION 7		Column I Never or not at all	Column II Some of the time or mildly	Column III Often or moderately	Column IV Always or severely
1	I worry excessively	0	2	4	6
2	I find it hard to get to sleep or stay asleep	0	2	4	6
3	I feel easily irritated or frustrated	0	2	4	6
4	I crave sugar, fatty or starchy foods	0	1	2	3
5	I have suffered from frequent headaches and/or migraines over the past 3 or more months	0	1	2	3

TOTALS

SECTION 8

SECTION 8		Column I Never or not at all	Column II Some of the time or mildly	Column III Often or moderately	Column IV Always or severely
1	I find my temperament changes frequently with periods of low mood and an indifference to life	0	2	4	6
2	I worry a lot and can't concentrate	0	2	4	6
3	I feel fatigued or lethargic	0	2	4	6
4	I feel the cold more than others	0	1	2	3
5	I find it difficult to lose weight	0	1	2	3

TOTALS