

MIND/BODY QUESTIONNAIRE

NAME: _____

TELEPHONE: () _____

DATE: _____

Which of the following have you been unhappy or stressed about and for how long:
(Please rate the amount of stress [1 low - 10 high] in the provided space)

How Long	Stress Rate	WORK
<input type="checkbox"/>	<input type="checkbox"/>	stressed from managers
<input type="checkbox"/>	<input type="checkbox"/>	other employees
<input type="checkbox"/>	<input type="checkbox"/>	work atmosphere
<input type="checkbox"/>	<input type="checkbox"/>	amount of earnings
<input type="checkbox"/>	<input type="checkbox"/>	change of responsibility
<input type="checkbox"/>	<input type="checkbox"/>	too many responsibilities
<input type="checkbox"/>	<input type="checkbox"/>	insecure future
<input type="checkbox"/>	<input type="checkbox"/>	too much work
<input type="checkbox"/>	<input type="checkbox"/>	lack of work
<input type="checkbox"/>	<input type="checkbox"/>	work hours
<input type="checkbox"/>	<input type="checkbox"/>	financial
<input type="checkbox"/>	<input type="checkbox"/>	lack of organization
<input type="checkbox"/>	<input type="checkbox"/>	lack of fulfillment
<input type="checkbox"/>	<input type="checkbox"/>	nature of work
<input type="checkbox"/>	<input type="checkbox"/>	other: _____

How Long	Stress Rate	FAMILY
<input type="checkbox"/>	<input type="checkbox"/>	in-laws
<input type="checkbox"/>	<input type="checkbox"/>	spouse
<input type="checkbox"/>	<input type="checkbox"/>	children
<input type="checkbox"/>	<input type="checkbox"/>	parents
<input type="checkbox"/>	<input type="checkbox"/>	close friends
<input type="checkbox"/>	<input type="checkbox"/>	other relationships
<input type="checkbox"/>	<input type="checkbox"/>	not having children
<input type="checkbox"/>	<input type="checkbox"/>	sexual difficulties
<input type="checkbox"/>	<input type="checkbox"/>	pregnancy
<input type="checkbox"/>	<input type="checkbox"/>	divorce
<input type="checkbox"/>	<input type="checkbox"/>	had abortion
<input type="checkbox"/>	<input type="checkbox"/>	lack of intimacy/ romance
<input type="checkbox"/>	<input type="checkbox"/>	other: _____

How Long	Stress Rate	GENERAL
<input type="checkbox"/>	<input type="checkbox"/>	lawsuit
<input type="checkbox"/>	<input type="checkbox"/>	moving to new area
<input type="checkbox"/>	<input type="checkbox"/>	accidents
<input type="checkbox"/>	<input type="checkbox"/>	lack of discipline
<input type="checkbox"/>	<input type="checkbox"/>	world events
<input type="checkbox"/>	<input type="checkbox"/>	political issues
<input type="checkbox"/>	<input type="checkbox"/>	trust issues
<input type="checkbox"/>	<input type="checkbox"/>	let down
<input type="checkbox"/>	<input type="checkbox"/>	not feeling recogniz
<input type="checkbox"/>	<input type="checkbox"/>	other: _____

How Long	Stress Rate	FINANCIAL
<input type="checkbox"/>	<input type="checkbox"/>	home
<input type="checkbox"/>	<input type="checkbox"/>	car
<input type="checkbox"/>	<input type="checkbox"/>	investments
<input type="checkbox"/>	<input type="checkbox"/>	payments
<input type="checkbox"/>	<input type="checkbox"/>	loans (mortgage)
<input type="checkbox"/>	<input type="checkbox"/>	loss of money
<input type="checkbox"/>	<input type="checkbox"/>	other: _____

Which of the following do you currently and predominantly experience in your life?

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> 1. Anger
<input type="checkbox"/> 2. Apathy
<input type="checkbox"/> 3. Childhood abuse issues
<input type="checkbox"/> 4. Disappointment
<input type="checkbox"/> 5. Discontent
<input type="checkbox"/> 6. Despondency
<input type="checkbox"/> 7. Discouraged easily
<input type="checkbox"/> 8. Dissatisfaction
<input type="checkbox"/> 9. Fear | <input type="checkbox"/> 10. Feeling stuck
<input type="checkbox"/> 11. Frustration
<input type="checkbox"/> 12. Easily offended
<input type="checkbox"/> 13. Grief
<input type="checkbox"/> 14. Guilt
<input type="checkbox"/> 15. Hate
<input type="checkbox"/> 16. Heartache
<input type="checkbox"/> 17. Hopelessness/despair
<input type="checkbox"/> 18. Indifference | <input type="checkbox"/> 19. Jealousy
<input type="checkbox"/> 20. Let down from others
<input type="checkbox"/> 21. Low esteem
<input type="checkbox"/> 22. Loss
<input type="checkbox"/> 23. Loss of control
<input type="checkbox"/> 24. Loss of focus
<input type="checkbox"/> 25. Melancholy
<input type="checkbox"/> 26. Not getting what
you deserve | <input type="checkbox"/> 27. Not good enough
<input type="checkbox"/> 28. Rejection
<input type="checkbox"/> 29. Restlessness
<input type="checkbox"/> 30. Sadness
<input type="checkbox"/> 31. Shyness
<input type="checkbox"/> 32. Unloved
<input type="checkbox"/> 33. Victimized
<input type="checkbox"/> 34. Why me
<input type="checkbox"/> 35. Worthlessness |
|---|---|---|---|

Is something bothering you, burdening your heart, or are you struggling with something which you have not indicated above?

Do you feel accepted and acknowledged? Yes No Please explain: _____

Do you feel fulfilled? Yes No Please explain: _____

Is there a goal you are working towards in your life: Yes No Please explain: _____
