

DISCOVER YOUR TOTAL LEVEL OF STRESS

NAME _____

DATE _____

CIRCLE the number which best describes the frequency or severity of your current symptoms. If the symptom is something you have experienced significantly in the past 12 months put a P beside your score and include it in the total. When you are finished, please add up the number of points in each section and enter it on the total point's line. Then transfer those totals to the score sheet graph to see the balance of your stress over the four vectors.

0 = Never or rarely

1 = Sometimes

2 = Frequently

3 = a lot or several times daily

PART 1 MENTAL / EMOTIONAL / SPIRITUAL STRESS

- | | | | | |
|---|---|---|---|---|
| 1. Low self-esteem | 0 | 1 | 2 | 3 |
| 2. Insufficient love | 0 | 1 | 2 | 3 |
| 3. Conflict with values | 0 | 1 | 2 | 3 |
| 4. Lack of mental relaxation | 0 | 1 | 2 | 3 |
| 5. Insufficient creative expression | 0 | 1 | 2 | 3 |
| 6. Financial worries | 0 | 1 | 2 | 3 |
| 7. Unfulfilling career | 0 | 1 | 2 | 3 |
| 8. Difficult family relationships | 0 | 1 | 2 | 3 |
| 9. Difficult work relationships | 0 | 1 | 2 | 3 |
| 10. Difficulty sleeping | 0 | 1 | 2 | 3 |
| 11. Insufficient happiness and joy | 0 | 1 | 2 | 3 |
| 12. Negative self-talk | 0 | 1 | 2 | 3 |
| 13. Feel stressed, nervous or tense | 0 | 1 | 2 | 3 |
| 14. Feel irritable or oversensitive | 0 | 1 | 2 | 3 |
| 15. Difficulty concentrating | 0 | 1 | 2 | 3 |
| 16. Coffee, tea, tobacco, sugar or other stimulants as a pick-me-up | 0 | 1 | 2 | 3 |

IN THE PAST TWO YEARS HAVE YOU EXPERIENCED.....

- | | | |
|-----------------------------|---|-------|
| 17. Divorce | N | Y (5) |
| 18. Separation from partner | N | Y (4) |
| 19. Death in the family | N | Y (4) |
| 20. Breaking the law | N | Y (4) |
| 21. Bankruptcy | N | Y (4) |
| 22. Moving house | N | Y (3) |
| 23. Losing or starting work | N | Y (3) |

DO YOU.....

- | | | | | |
|--|---|---|---|---|
| 24. Feel depressed | 0 | 1 | 2 | 3 |
| 25. Experience a feeling of indifference | 0 | 1 | 2 | 3 |
| 26. Lose your sense of humor | 0 | 1 | 2 | 3 |
| 27. or take life too seriously | 0 | 1 | 2 | 3 |
| 28. Worry too much | 0 | 1 | 2 | 3 |
| 29. Feel like crying for no reason | 0 | 1 | 2 | 3 |
| 30. Wonder if life is worth living | 0 | 1 | 2 | 3 |

Total Points _____

PART 2 NUTRITIONAL / CHEMICAL

- | | | | | |
|---|---|---|---|---|
| 1. Eat often after 8 PM | 0 | 1 | 2 | 3 |
| 2. Meals skipped or rushed | 0 | 1 | 2 | 3 |
| 3. Excess processed food/junk food | 0 | 1 | 2 | 3 |
| 4. Low food or nutrient levels | 0 | 1 | 2 | 3 |
| 5. Alcohol use past/present | 0 | 1 | 2 | 3 |
| 6. Chemical exposure work/hobbies/home | 0 | 1 | 2 | 3 |
| 7. Pollution levels | 0 | 1 | 2 | 3 |
| 8. Water quality | 0 | 1 | 2 | 3 |
| 9. Have allergies (especially food) | 0 | 1 | 2 | 3 |
| 10. Indigestion or reflux | 0 | 1 | 2 | 3 |
| 11. Excessive belching, burping or bloating | 0 | 1 | 2 | 3 |
| 12. Offensive breath | 0 | 1 | 2 | 3 |
| 13. Constipation or diarrhoea | 0 | 1 | 2 | 3 |
| 14. Vegetarian (no eggs, dairy) | 0 | 1 | 2 | 3 |
| 15. Nausea or vomiting | 0 | 1 | 2 | 3 |
| 16. Difficulty gaining or losing weight | 0 | 1 | 2 | 3 |
| 17. Weakness and fatigue | 0 | 1 | 2 | 3 |
| 18. Stomach pain, burning after eating | 0 | 1 | 2 | 3 |
| 19. Strong emotions aggravates stomach | 0 | 1 | 2 | 3 |
| 20. Heartburn especially on bending | 0 | 1 | 2 | 3 |
| 21. Difficulty swallowing | 0 | 1 | 2 | 3 |
| 22. Unexplained weight gain | 0 | 1 | 2 | 3 |
| 23. Antacids, milk or food relieve symptoms | 0 | 1 | 2 | 3 |
| 24. Abdominal pain | 0 | 1 | 2 | 3 |
| 25. Anal itching | 0 | 1 | 2 | 3 |
| 26. Mucus, pus or blood in stool | 0 | 1 | 2 | 3 |
| 27. Fluid retention | 0 | 1 | 2 | 3 |
| 28. Poor appetite | 0 | 1 | 2 | 3 |
| 29. Bleeding gums | 0 | 1 | 2 | 3 |
| 30. Dark circles under eyes | 0 | 1 | 2 | 3 |
| 31. Feel restless, agitated, angry | 0 | 1 | 2 | 3 |

Total Points _____

PART 3 PHYSICAL / STRUCTURAL

- | | | | | |
|---|---|---|---|---|
| 1. Inherited structural weakness | 0 | 1 | 2 | 3 |
| 2. Insufficient rest/excess work | 0 | 1 | 2 | 3 |
| 3. Poor flexibility | 0 | 1 | 2 | 3 |
| 4. Incomplete range of motion of joints | 0 | 1 | 2 | 3 |
| 5. Muscles feel weak | 0 | 1 | 2 | 3 |
| 6. Poor postural habits or stoop | 0 | 1 | 2 | 3 |
| 7. Insufficient or improper exercise | 0 | 1 | 2 | 3 |

8. Past surgery	0	1	2	3	PART 4 ELECTROMAGNETIC STRESS	1. Mobile phone use	0	1	2	3	
9. Past injuries car/sport etc	0	1	2	3		2. Microwave oven use	0	1	2	3	
10. Birth trauma	0	1	2	3		3. Clock radio beside bed	0	1	2	3	
11. Joint stiffness soreness or swelling	0	1	2	3		4. CRT computer screen exposure	0	1	2	3	
12. Red, swollen, painful joints	0	1	2	3		5. Air travel	0	1	2	3	
13. Joint stiffness worse with rest, improves with movement	0	1	2	3		6. Fluorescent lighting	0	1	2	3	
14. Cracking, creaking joints (crepitus)	0	1	2	3		7. Close proximity to high-tension electrical wires	0	1	2	3	
15. Low back or hip pain	0	1	2	3		8. Sleep close to electrical wiring	0	1	2	3	
16. Generalized bone tenderness	0	1	2	3		9. Electric blanket use	0	1	2	3	
17. Shooting, aching, tingling pain down the back of leg	0	1	2	3		10. Heated waterbed use	0	1	2	3	
18. Pain or restriction in the neck, shoulder or arm	0	1	2	3		11. Previous radiation therapy	0	1	2	3	
19. Joints hurt when moving or carrying weight	0	1	2	3		12. X-rays exposure	0	1	2	3	
20. One leg shorter than the other	0	1	2	3		13. Mammogram exposure	0	1	2	3	
21. Spinal curvature	0	1	2	3		14. Television exposure	0	1	2	3	
22. Muscle loss around inflamed joints	0	1	2	3		15. Too much time indoors	0	1	2	3	
23. Calcium deposits in tendons or around joints	0	1	2	3		16. Little time spent outdoors	0	1	2	3	
24. Head feels heavy	0	1	2	3		17. Less than 15 minutes per day of sunlight on the body	0	1	2	3	
25. Ringing or buzzing in the ears	0	1	2	3		18. Poor home ventilation	0	1	2	3	
26. Shaking hands	0	1	2	3		19. Poor work ventilation	0	1	2	3	
27. Limbs feel too heavy to hold up	0	1	2	3		20. Live near mobile phone towers	0	1	2	3	
28. Loss of feeling in hands or feet	0	1	2	3		21. Live or work in places that make you feel uncomfortable energetically	0	1	2	3	
29. Exhaustion on minimal effort	0	1	2	3		22. Feel jangled, on edge or nervous	0	1	2	3	
30. Difficulty taking a full breath	0	1	2	3		23. Insomnia	0	1	2	3	
31. Accident prone	0	1	2	3							
32. Muscle cramps or spasm	0	1	2	3							
33. Muscle tics or twitches	0	1	2	3							
34. Unexplained bone fracture	0	1	2	3							
35. Hump at base of neck	0	1	2	3							
36. Recent loss of height	0	1	2	3							
37. Walking difficulties, limp	0	1	2	3							
	Total Points _____										

Total Points _____

Total Points _____

	SCORE	LOW PRIORITY	MODERATE PRIORITY	HIGH PRIORITY	
Part 1 Mental / Emotional		3	6 10	13	22+
Part 2 Nutritional / Chemical		3	6 9	12	20+
Part 3 Physical / Structural		4	7 11	15	25+
Part 4 Electromagnetic		2	5 8	12	19+

Scores in a moderate to high priority or above are an immediate health concern, and it would be considered in the best interests of your future health to address those areas as soon as possible.

