



MIND BODY MEDICINE / COUNSELLING

Rate the following using a scale of 1 to 10, with 10 being the extreme

I feel out of control; others insist I need to seek medical help	
I can't focus, others feel frustrated with me	
I start things, but don't finish, I need little sleep	
I feel sluggish and sad, but function well	
I am not interested in things; it takes extra effort to function	
I am withdrawn and miss a lot of work or school	
I have suicidal thoughts and cannot function	

Check any of the following stresses you have had, **P** for past or **C** for current:

	Mild	Moderate	Extreme		Mild	Moderate	Extreme
Childhood stress				Work-related stress			
School stress				Stress of commuting			
Financial Stress				Change in vocation			
Family stress				Change in lifestyle			
Personal relationships				Loss of loved one			
Stress of illness				Abuse: mental, physical, emotional			

Please list some of the major stressors in your life not noted above

Do you have difficulty falling asleep and why? _____

Do you wake during the night, how often and why? _____

When you wake in the morning are you refreshed or tired? _____

Time to sleep: _____ Time to wake: _____

Describe your support system (family, friends, religion, spirituality, community/groups, pets):

What interests and hobbies do you have?

How often do you exercise?

None Daily Occasional 2-3 times/ week

Rate your physical health: Excellent Good Fair Poor Getting Better Getting Worse

Rate your emotional health: Excellent Good Fair Poor Getting Better Getting Worse

If you consider yourself ill, why do you feel you are ill?
