

Gibsons Health and Wellness Centre®

441 Marine Drive, P.O. Box 1063
Gibsons, British Columbia V0N1V0 Canada

STRESS TEST

Name: _____ Date: _____

Please circle when you experienced these stresses no matter how mild your exposure may have been:
C (child), T (teenager), A (adult), or N (not at all)

1. PHYSICAL STRESS:



Explain

Birth Traumas (Mother or Child)	C	T	A	N
Slips/Falls	C	T	A	N
Sports Injuries	C	T	A	N
Poor Posture	C	T	A	N
Extensive Computer Work	C	T	A	N
Carrying Heavy Purse/Child	C	T	A	N
Repetitive Lifting/Bending	C	T	A	N
Continuous Sitting/Standing	C	T	A	N
Bone Fracture/Surgery	C	T	A	N
Driving for Many Hours	C	T	A	N
Car Accidents	C	T	A	N
Physical Abuse	C	T	A	N
Work Injuries	C	T	A	N
Sleeping Position – Stomach	C	T	A	N
Poor Health	C	T	A	N
Other	C	T	A	N

2. CHEMICAL STRESS

Explain

Smoker or Second-Hand Smoke	C	T	A	N
Alcohol/Drugs	C	T	A	N
Poor Diet	C	T	A	N
Caffeine – Amount?	C	T	A	N
Excessive Sugar	C	T	A	N
Artificial Sweeteners	C	T	A	N
Prescription Drugs	C	T	A	N
Over-the-Counter Drugs (e.g. Tylenol, Advil)	C	T	A	N
Environmental Pollution	C	T	A	N
Other	C	T	A	N

3. EMOTIONAL STRESS

Explain

Relationships	C	T	A	N
Career	C	T	A	N
Children	C	T	A	N
Money	C	T	A	N
Fast-Paced Life Style	C	T	A	N
Internalized Feelings	C	T	A	N
Perfectionist	C	T	A	N
Procrastinator	C	T	A	N
Sickness or Loss of a Loved One	C	T	A	N
Quick Temper	C	T	A	N
Verbal Abuse	C	T	A	N
Other	C	T	A	N

4. Which do you feel is your primary stress source: Physical Chemical or Emotional ?

Explain: _____