

# 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	<b>WORK</b>
<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	<b>FAMILY</b>
<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	<b>GENERAL</b>
<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 recognized
<input type="checkbox"/>	<input type="checkbox"/>	other: _____

  

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

\_\_\_\_\_

\_\_\_\_\_