

# Cambrian Pharmacy Stress Assessment

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date \_\_\_\_\_

Stress is a normal part of life. Every day, we're faced with stimuli, called stressors, which can elicit the body's "fight or flight" response, setting off a cascade of physiological reactions and resulting in emotions ranging from mild to intense. But while occasional stress is natural and even healthy, chronic or acute stress can be harmful.

Please take a few moments to discover your body's response to situations you perceive as stressful. By honestly assessing how you feel, your healthcare provider can create a natural stress relief program for your individual needs.

## Step 1) Stress Test

### Directions:

Please read each statement and circle the number 0, 1, 2, or 3 that best describes your feelings or reactions throughout the course of the day. Determine the subtotal score for each section, then determine the total scores for sections A-C and C-E. Some questions may appear redundant between sections. There's a reason for each question. Don't spend much time on any one question.

0 = Never true      1 = Seldom true      2 = Sometimes true      3 = Often true

*When under stress for two weeks or longer, I...*

### Section A:

- |   |   |   |   |   |
|---|---|---|---|---|
| 1. Get wound up when I get tired and have trouble calming down.....       | 0 | 1 | 2 | 3 |
| 2. Feel driven, appear energetic but feel "burned out" and exhausted..... | 0 | 1 | 2 | 3 |
| 3. Feel restless, agitated, anxious, and uneasy.....                      | 0 | 1 | 2 | 3 |
| 4. Feel easily overwhelmed by emotion.....                                | 0 | 1 | 2 | 3 |
| 5. Feel emotional — cry easily or laugh inappropriately.....              | 0 | 1 | 2 | 3 |
| 6. Experience heart palpitations or a pounding in my chest.....           | 0 | 1 | 2 | 3 |
| 7. Am short of breath.....  | 0 | 1 | 2 | 3 |
| 8. Am constipated.....  | 0 | 1 | 2 | 3 |
| 9. Feel warm, over-heated, and dry all over.....                          | 0 | 1 | 2 | 3 |
| 10. Get mouth sores or sore tongue.....                                   | 0 | 1 | 2 | 3 |



- 11. Get hot flashes..... 0 1 2 3
- 12. Sleep less than seven hours a night..... 0 1 2 3
- 13. Have trouble falling asleep and staying asleep..... 0 1 2 3
- 14. Worry about high blood pressure, cholesterol, and triglycerides..... 0 1 2 3
- 15. Forget to eat and feel little hunger..... 0 1 2 3

Total points: \_\_\_\_\_

**Section B:**

- 1. Find myself worrying about things big and small..... 0 1 2 3
- 2. Feel like I can't stop worrying, even though I want to..... 0 1 2 3
- 3. Feel impulsive, pent up, and ready to explode..... 0 1 2 3
- 4. Get muscle spasms..... 0 1 2 3
- 5. Feel aggressive, unyielding, or inflexible when pressed for time..... 0 1 2 3
- 6. See, hear, and smell things that others do not..... 0 1 2 3
- 7. Stay awake replaying the events of the day or planning for tomorrow..... 0 1 2 3
- 8. Have upsetting thoughts or images enter my mind again and again ..... 0 1 2 3
- 9. Have a hard time stopping myself from doing things again and again,  
like checking on things or rearranging objects over and over..... 0 1 2 3
- 10. Worry a lot about terrible things that could happen if I'm not careful..... 0 1 2 3

Total points: \_\_\_\_\_

**Section C:**

- 1. Have muscle and joint pains..... 0 1 2 3
- 2. Have muscle weakness ..... 0 1 2 3
- 3. Crave salt or salty things ..... 0 1 2 3
- 4. Have multiple points on my body that when touched are tender or painful ..... 0 1 2 3
- 5. Have dark circles under my eyes ..... 0 1 2 3
- 6. Feel a sudden sense of anxiety when I get hungry ..... 0 1 2 3
- 7. Use medications to manage pain ..... 0 1 2 3
- 8. Get dizzy when rising or standing up from a kneeling or sitting position ..... 0 1 2 3
- 9. Have diarrhea or bouts of nausea with or without vomiting for no apparent reason ..... 0 1 2 3
- 10. Have headaches ..... 0 1 2 3

Total points: \_\_\_\_\_



**Section D:**

- 1. Have trouble organizing my thoughts..... 0 1 2 3
- 2. Get easily distracted and lose focus..... 0 1 2 3
- 3. Have difficulty making decisions and mistrust my judgment..... 0 1 2 3
- 4. Feel depressed and apathetic..... 0 1 2 3
- 5. Lack the motivation and energy to stay on task and pay attention..... 0 1 2 3
- 6. Am forgetful ..... 0 1 2 3
- 7. Feel unsettled, restless, and anxious..... 0 1 2 3
- 8. Wake up tired and unrefreshed ..... 0 1 2 3
- 9. Experience heartburn and indigestion ..... 0 1 2 3
- 10. Catch colds or infections easily ..... 0 1 2 3

Total points: \_\_\_\_\_

**Section E:**

- 1. Feel tired for no apparent reason..... 0 1 2 3
- 2. Experience lingering mild fatigue after exertion or physical activity ..... 0 1 2 3
- 3. Find it difficult to concentrate and complete tasks..... 0 1 2 3
- 4. Feel depressed and apathetic..... 0 1 2 3
- 5. Feel cold or chilled – hands, feet, or all over – for no apparent reason..... 0 1 2 3
- 6. Have little or no interest in sex..... 0 1 2 3
- 7. Sweat spontaneously during the day..... 0 1 2 3
- 8. Feel puffy and retain fluids..... 0 1 2 3
- 9. Sleep more than nine hours a night..... 0 1 2 3
- 10. Have poor muscle tone..... 0 1 2 3
- 11. Have trouble losing weight ..... 0 1 2 3
- 12. Wake up tired even though I seem to get plenty of sleep..... 0 1 2 3
- 13. Have no energy and feel physically weak..... 0 1 2 3
- 14. Am susceptible to colds and the flu..... 0 1 2 3
- 15. Feel dragged down by multiple symptoms, such as poor digestion and body aches..... 0 1 2 3

Total points: \_\_\_\_\_

Add points from sections A, B & C Total for A, B & C: \_\_\_\_\_

Add points from sections C, D & E Total for C, D & E: \_\_\_\_\_

**\*Mark these totals in the Step 1 Grand Total at the end of the stress test\***



## Step 2) Lifestyle and Health Status:

1. Circle the level of stress you experience on the scale of 1-10, 10 being the worst:

1      2      3      4      5      6      7      8      9      10

2. What do you consider to be the major causes of your stress (for example — spouse, family, friends, work, finances, wedding, pregnancy, legal, commute): \_\_\_\_\_

3. I eat breakfast \_\_\_\_\_ times a week. My typical breakfast is: \_\_\_\_\_

4. I take a multiple vitamin/mineral \_\_\_\_\_ days per week. I take a fish oil supplement \_\_\_\_\_ days per week.

5. I participate in 30 minutes of physical activity such as walking, aerobics (e.g., running), resistance training (e.g., weights, pilates), sports (e.g. biking), or yoga:

Daily       5-6 times per week       3-4 times per week       1-2 times per week       Less than once a week

6. I smoke \_\_\_\_\_ cigarettes daily.

7. I drink two or more 8 ounce cups of caffeinated coffee or other caffeinated beverages like energy/diet drinks, colas, or black or green teas:

Daily       5-6 times per week       3-4 times per week       1-2 times per week       Less than once a week

8. I drink two or more ounces of alcoholic beverages:

Daily       5-6 times per week       3-4 times per week       1-2 times per week       Less than once a week

9. List your current health problems and any over-the-counter or prescription medications that you are now taking:

Current health problem(s)

Date of onset

List all current medication(s)

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**DIGESTIVE TRACT**

\_\_\_\_\_ Nausea, vomiting  
 \_\_\_\_\_ Diarrhea  
 \_\_\_\_\_ Constipation  
 \_\_\_\_\_ Bloating feeling  
 \_\_\_\_\_ Belching, passing gas  
 \_\_\_\_\_ Heartburn  
 \_\_\_\_\_ Intestinal/stomach pain

**TOTAL** \_\_\_\_\_

**JOINTS/ MUSCLE**

\_\_\_\_\_ Pain or aches in joints  
 \_\_\_\_\_ Arthritis  
 \_\_\_\_\_ Stiffness or limitation of movement  
 \_\_\_\_\_ Feeling of weakness or tiredness  
 \_\_\_\_\_ Pain or aches in muscles

**TOTAL** \_\_\_\_\_

**WEIGHT**

\_\_\_\_\_ Binge eating/drinking  
 \_\_\_\_\_ Craving certain foods  
 \_\_\_\_\_ Excessive weight  
 \_\_\_\_\_ Water retention  
 \_\_\_\_\_ Underweight  
 \_\_\_\_\_ Compulsive eating

**TOTAL** \_\_\_\_\_

**ENERGY/ ACTIVITY**

\_\_\_\_\_ Fatigue, sluggishness  
 \_\_\_\_\_ Apathy, lethargy  
 \_\_\_\_\_ Hyperactivity  
 \_\_\_\_\_ Restlessness

**TOTAL** \_\_\_\_\_

**MIND**

\_\_\_\_\_ Poor memory  
 \_\_\_\_\_ Confusion  
 \_\_\_\_\_ Difficulty in making decisions  
 \_\_\_\_\_ Stuttering or stammering  
 \_\_\_\_\_ Slurred speech  
 \_\_\_\_\_ Learning disabilities  
 \_\_\_\_\_ Poor concentration  
 \_\_\_\_\_ Poor physical coordination

**TOTAL** \_\_\_\_\_

**EMOTIONS**

\_\_\_\_\_ Mood swings  
 \_\_\_\_\_ Anxiety, fear, nervousness  
 \_\_\_\_\_ Anger, irritability  
 \_\_\_\_\_ Depression

**TOTAL** \_\_\_\_\_

**GRAND TOTAL** \_\_\_\_\_



## Part 4) Xenobiotic Tolerability Test

1. Are you presently using prescription drugs?

- Yes (1 pt.)       No (0 pt.)

If yes, how many are you currently taking? \_\_\_\_\_ (1 pt. each)

2. Are you presently taking one or more of the following over-the counter drugs?

- Cimetidine (2 pts.)    Acetaminophen (2 pts.)       Estradiol (2 pts.)

3. If you have used or currently use prescription drugs, which of the following scenarios best represents your response to them:

- Experience side effects, drug(s) is (are) efficacious at lowered dose(s) (3 pts.)  
 Experience side effects, drug(s) is (are) efficacious at usual dose(s) (2 pts.)  
 Experience no side effects, drug(s) is (are) usually not efficacious (2 pts.)  
 Experience no side effects, drug(s) is (are) usually efficacious (0 pt.)

4. Do you currently use or within the last 6 months had you regularly used tobacco products?

- Yes (2 pts.)       No (0 pt.)

5. Do you have strong negative reactions to caffeine or caffeine containing products?

- Yes (1 pt.)       No (0 pt.)       Don't know (0 pt.)

6. Do you commonly experience "brain fog," fatigue, or drowsiness?

- Yes (1 pt.)       No (0 pt.)

7. Do you develop symptoms on exposure to fragrances, exhaust fumes, or strong odors?

- Yes (1 pt.)       No (0 pt.)       Don't know (0 pt.)

8. Do you feel ill after you consume even small amounts of alcohol?

- Yes (1 pt.)       No (0 pt.)       Don't know (0 pt.)



10. Do you have a personal history of the following:

- Environmental and/or chemical sensitivities (5 pts.)
- Chronic fatigue syndrome (5 pts.)
- Multiple chemical sensitivity (5 pts.)
- Fibromyalgia (3 pts.)
- Parkinson's type symptoms (3 pts.)
- Alcohol or chemical dependence (2 pts.)
- Asthma (1 pt.)

11. Do you have a history of significant exposure to harmful chemicals such as herbicides, insecticides, pesticides, or organic solvents?

- Yes (1 pt.)
- No (0 pt.)

12. Do you have an adverse or allergic reaction when you consume sulfite containing foods such as wine, dried fruit, salad bar vegetables, etc?

- Yes (1 pt.)
- No (0 pt.)
- Don't know (0 pt.)

**GRAND TOTAL:** \_\_\_\_\_



# Stress Test Assessment: Interpreting Scores

Step 1 Grand Total: \_\_\_\_\_

## If your score is less than 35 points in EACH sum:

The stress intensity is Eustress; a normal stress response. A Eustress response is typically scores of 0 and 1's with a few 2s. You can benefit from a nutraceutical program that includes foundation nutrition and support for occasional stress.

## If your score is between 36-70 in EITHER or BOTH of the sums:

The stress intensity is Mild to Moderate and describes acute episodic stress. A mild to moderate response is typically a 2 with some 3's. You feel the effects of stress on the emotional, mental and physical levels and would benefit from a nutraceutical program designed to buffer the stress response with tips on how to stop stress hormone surges.

## If your score is between 71-105 in EITHER or BOTH of the sums:

The stress intensity is Chronic with either severe or prolonged exposure to stressors. A chronic response is a combination of mostly 2 and 3 responses. You would benefit from more aggressive stress relief support through a nutraceutical program and lifestyle recommendations. An unbalanced stress response may be contributing to your existing health concerns you

Please visit one of our knowledgeable staff members to discuss a basic nutraceutical program. If your stress intensity is chronic, we highly recommend you make an appointment for an in-depth health consultation with our Master Herbalist Amanda Vines at 403-289-9181. Fee for 1/2 hour consultation: \$60.00. Please bring your stress test to the scheduled consultation. We look forward to supporting your journey back to health and vitality.



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