



SYSTEMIC STRESS ASSESSMENT QUESTIONNAIRE

INSTRUCTIONS:

Circle the number which best describes the intensity of your symptoms at this time or from your past history where indicated.
Total the scores for each section.

If you do not know the answer to a question, leave it blank.

0 = Symptom is not present 1 = Mild 2 = Moderate 3 = Severe
N = No Y = Yes

SCORING:

Add up the score for each section and write the totals in the spaces below. Be sure to enter your name, age, etc.
Answer 0-3 use corresponding number for points. Answers N = 0 points and Y = value indicated after * (3, 5, or 10)

Name _____ Age _____ Sex _____ Date ____/____/_____

| SECTION | PART | TOTALS | | SECTION | PART | TOTALS |
|------------|--------|--------|--|-------------|----------|--------|
| SECTION I | PART A | | | SECTION III | PART A | |
| SECTION I | PART B | | | SECTION III | PART B | |
| SECTION I | PART C | | | SECTION III | PART C | |
| SECTION I | PART D | | | SECTION III | PART D | |
| SECTION II | PART A | | | SECTION III | PART E | |
| SECTION II | PART B | | | SECTION III | PART F | |
| SECTION II | PART C | | | SECTION IV | PART A | |
| | | | | SECTION IV | PART B | |
| | | | | SECTION V | COMPLETE | |
| | | | | SECTION VI | COMPLETE | |

SECTION I PART A

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|
| 1. Lack of motivation to do much when I get home..... | 0 | 1 | 2 | 3 | 14. No way to "tune out" the stress. | 0 | 1 | 2 | 3 |
| 2. Little drive to accomplish much..... | 0 | 1 | 2 | 3 | 15. Toss and turn all night. | 0 | 1 | 2 | 3 |
| 3. Too much work / too little pay..... | 0 | 1 | 2 | 3 | 16. Too many irons in the fire. | 0 | 1 | 2 | 3 |
| 4. Don't relax after meals..... | 0 | 1 | 2 | 3 | 17. Find leisure time boring. | N | Y | * | 5 |
| 5. Lack of support from friends or family..... | 0 | 1 | 2 | 3 | 18. I get irritated or angry easily. | N | Y | * | 3 |
| 6. Lack of support from spouse..... | 0 | 1 | 2 | 3 | 19. Susceptible to frequent mood swings. | N | Y | * | 3 |
| 7. With my behavior sometimes I sabotage myself..... | N | Y | * | 5 | 20. Unhappy with my boss / employer. | 0 | 1 | 2 | 3 |
| 8. Overwhelmed by problems..... | 0 | 1 | 2 | 3 | 21. Must be successful in everything I do. | N | Y | * | 5 |
| 9. Feel nervous, anxious, or "on edge"..... | 0 | 1 | 2 | 3 | 22. Avoid facing my problems. | N | Y | * | 3 |
| 10. Worry too much..... | 0 | 1 | 2 | 3 | 23. Recurrent anxiety / depression. | N | Y | * | 5 |
| 11. Don't enjoy things like I used to..... | 0 | 1 | 2 | 3 | 24. Change in financial status | N | Y | * | 5 |
| 12. Don't get enough sleep or relaxation..... | 0 | 1 | 2 | 3 | 25. Recently married or divorced. | N | Y | * | 10 |
| 13. Don't stop to smell the flowers..... | 0 | 1 | 2 | 3 | 26. Recent death of spouse or close family member | N | Y | * | 10 |
| | | | | | TOTAL FOR SECTION I A: _____ | | | | |

SECTION I PART B

| | | | | | | | | | |
|---|---|---|---|----|--|---|---|---|----|
| 1. I feel like my life lacks purpose..... | N | Y | * | 10 | 14. Feel sad often..... | 0 | 1 | 2 | 3 |
| 2. Misunderstood by others..... | 0 | 1 | 2 | 3 | 15. Cry easily..... | 0 | 1 | 2 | 3 |
| 3. Lose friendships easily..... | 0 | 1 | 2 | 3 | 16. Emotions wander a lot..... | 0 | 1 | 2 | 3 |
| 4. Don't have love in my life..... | 0 | 1 | 2 | 3 | 17. Feel "moody" most of the time..... | 0 | 1 | 2 | 3 |
| 5. I feel the need to please people to be liked... | 0 | 1 | 2 | 3 | 18. Don't get close to other people..... | 0 | 1 | 2 | 3 |
| 6. Difficulty with spouse..... | 0 | 1 | 2 | 3 | 19. Afraid to hug or be hugged..... | 0 | 1 | 2 | 3 |
| 7. Feel withdrawn from my primary relationship partner..... | 0 | 1 | 2 | 3 | 20. Often feel sorry for myself..... | N | Y | * | 5 |
| 8. My marriage has lost its satisfaction..... | N | Y | * | 5 | 21. Suffer from mood depression..... | N | Y | * | 5 |
| 9. I think about leaving my partner..... | N | Y | * | 5 | 22. Find it hard to feel content..... | N | Y | * | 3 |
| 10. I'm nagged by my spouse..... | N | Y | * | 5 | 23. Recent death of spouse or close family member..... | N | Y | * | 10 |
| 11. I don't feel listened to..... | N | Y | * | 5 | 24. Recently married or divorced..... | N | Y | * | 10 |
| 12. Feel uncomfortable expressing my needs..... | N | Y | * | 3 | | | | | |
| 13. I give in to avoid conflict..... | N | Y | * | 5 | | | | | |
| | | | | | TOTAL FOR SECTION I B: _____ | | | | |

SECTION I PART C

| | | | | | | | | | |
|--|---|---|---|---|--|---|---|---|---|
| 1. Feel like I'm not good enough..... | 0 | 1 | 2 | 3 | 11. Afraid of being abandoned – a loved one will die or reject me..... | N | Y | * | 5 |
| 2. Feel like a failure..... | 0 | 1 | 2 | 3 | 12. People don't usually include me in what they are doing..... | 0 | 1 | 2 | 3 |
| 3. Feel discouraged about the future..... | 0 | 1 | 2 | 3 | 13. I tend to expect the worse..... | 0 | 1 | 2 | 3 |
| 4. Feel worthless / hopeless..... | 0 | 1 | 2 | 3 | 14. There is no one I can count on for support and advice..... | N | Y | * | 5 |
| 5. Feel like I'm being punished..... | N | Y | * | 3 | 15. I don't feel loved or cared for..... | N | Y | * | 5 |
| 6. I'm critical of myself..... | N | Y | * | 5 | | | | | |
| 7. Hard to sustain a positive outlook..... | N | Y | * | 3 | | | | | |
| 8. Have trouble overcoming past negative influences..... | N | Y | * | 5 | | | | | |
| 9. Difficult to forgive myself for failure..... | 0 | 1 | 2 | 3 | | | | | |
| 10. I need the approval of others for things I do | 0 | 1 | 2 | 3 | TOTAL FOR SECTION I C: _____ | | | | |

SECTION I PART D

| | | | | | | | | | |
|---|---|---|---|---|--|---|---|---|---|
| 1. Concerned that medical, natural, or financial disaster will strike any time..... | 0 | 1 | 2 | 3 | 7. Can react to a scenario that might happen as if it is actually happening..... | 0 | 1 | 2 | 3 |
| 2. Worry about getting sick or injured..... | 0 | 1 | 2 | 3 | 8. Feel vulnerable and unable to protect myself from most dangers..... | 0 | 1 | 2 | 3 |
| 3. Worry about a present illness / condition.... | 0 | 1 | 2 | 3 | 9. Other people are the main cause of my bad feelings and misfortune..... | N | Y | * | 5 |
| 4. Believe an illness / condition will never be healed..... | 0 | 1 | 2 | 3 | 10. Think of the past with much regret..... | N | Y | * | 5 |
| 5. Believe an illness / condition defines my life..... | 0 | 1 | 2 | 3 | | | | | |
| 6. Believe I am destined to follow in parents' health footsteps..... | N | Y | * | 5 | TOTAL FOR SECTION I D: _____ | | | | |

SECTION II PART A

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1. Tightness in shoulder muscles..... | 0 | 1 | 2 | 3 | 13. Specific points on body feel sore when pressed..... | 0 | 1 | 2 | 3 |
| 2. Muscle cramps..... | 0 | 1 | 2 | 3 | 14. Muscle cramps or spasms..... | 0 | 1 | 2 | 3 |
| 3. Leg cramps at night..... | 0 | 1 | 2 | 3 | 15. Muscle loss or wasting | 0 | 1 | 2 | 3 |
| 4. Stiffness and tension felt in morning..... | 0 | 1 | 2 | 3 | 16. Joint stiffness improves when resting, worsens with movement..... | 0 | 1 | 2 | 3 |
| 5. Unable to sit straight..... | 0 | 1 | 2 | 3 | 17. Limited range of motion..... | 0 | 1 | 2 | 3 |
| 6. Pain in neck and/or shoulders..... | 0 | 1 | 2 | 3 | 18. Injure, strain, sprain easily..... | 0 | 1 | 2 | 3 |
| 7. Swollen knees / elbows..... | 0 | 1 | 2 | 3 | 19. Numbness, prickling, tingling, sensation in neck, shoulder, and arms..... | 0 | 1 | 2 | 3 |
| 8. Bursitis..... | 0 | 1 | 2 | 3 | | | | | |
| 9. Tendonitis..... | 0 | 1 | 2 | 3 | TOTAL FOR SECTION II A: _____ | | | | |
| 10. Joint Pain..... | 0 | 1 | 2 | 3 | | | | | |
| 11. Muscle aches and pains..... | 0 | 1 | 2 | 3 | | | | | |
| 12. Generalized muscle stiffness / tension..... | 0 | 1 | 2 | 3 | | | | | |

SECTION II PART B

| | | | | | | | | | |
|--|---|---|---|----|---|---|---|---|---|
| 1. Osteo-Arthritis..... | 0 | 1 | 2 | 3 | 9. Spinal curvature / Scoliosis | N | Y | * | 1 |
| 2. Calcium deposits..... | 0 | 1 | 2 | 3 | 10. Bow legs | N | Y | * | 0 |
| 3. Dentures | N | Y | * | 3 | 11. Stooped posture..... | 0 | 1 | 2 | 5 |
| 4. Osteoporosis / Osteopenia / Osteomalacia .. | N | Y | * | 10 | 12. Hump at base of neck..... | N | Y | * | 3 |
| 5. Recent bone fracture | N | Y | * | 3 | 13. Generalized bone tenderness / achiness.... | 0 | 1 | 2 | 5 |
| 6. Back or hip pain | 0 | 1 | 2 | 3 | 14. Crunching or creaking sounds when move joints..... | 0 | 1 | 2 | 3 |
| 7. Loss in height | N | Y | * | 10 | | | | | |
| 8. Localized bone pain | 0 | 1 | 2 | 3 | TOTAL FOR SECTION II B: _____ | | | | |

SECTION II PART C

| | | | | | | | | | |
|--|---|---|---|----|---|---|---|---|---|
| 1. Whiplash injury..... | N | Y | * | 5 | 9. Arthritis (all types) | 0 | 1 | 2 | 3 |
| 2. Fibromyalgia / Polymyalgia | N | Y | * | 10 | 10. Recent (12 months) accident or injury | N | Y | * | 5 |
| 3. Herniated disc | N | Y | * | 5 | 11. Clenched jaw and grinding teeth | 0 | 1 | 2 | 3 |
| 4. Connective tissue disease | N | Y | * | 5 | 12. Leg Length Discrepancy | 0 | 1 | 2 | 3 |
| 5. Degenerative Joint Disease | N | Y | * | 5 | 13. Post-Polio Syndrome | 0 | 1 | 2 | 3 |
| 6. Athletic injury | 0 | 1 | 2 | 3 | | | | | |
| 7. Headaches / Migraines | 0 | 1 | 2 | 3 | TOTAL FOR SECTION II C: _____ | | | | |
| 8. High level exercise / training / sweating | 0 | 1 | 2 | 3 | | | | | |

SECTION III PART A

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1. Multiple Allergies (airborne, pollen, dander, etc.) | 0 | 1 | 2 | 3 | 8. Chronic swollen lymph glands / nodes | N | Y | * | 5 |
| 2. Hypersensitive to environmental odors | 0 | 1 | 2 | 3 | 9. Eyes itch / burn / puffiness | 0 | 1 | 2 | 3 |
| 3. Food allergies / sensitivities / intolerances .. | 0 | 1 | 2 | 3 | 10. Recurrent tonsillitis | 0 | 1 | 2 | 3 |
| 4. Post Nasal Drip..... | 0 | 1 | 2 | 3 | 11. Moldy / damp environments trigger sickness | 0 | 1 | 2 | 3 |
| 5. Hives / rashes | 0 | 1 | 2 | 3 | 12. Feel worse when dust & pollen levels are high..... | 0 | 1 | 2 | 3 |
| 6. Asthma / Bronchitis | 0 | 1 | 2 | 3 | | | | | |
| 7. Removal of spleen | N | Y | * | 5 | TOTAL FOR SECTION III A: _____ | | | | |

SECTION III PART B

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1. Past or present use of birth control hormones or IUD..... | N | Y | * | 5 | 12. Sensitive to exhaust fumes, smoke, smog, perfumes, fabrics, dyes, cosmetics, cleaning agents, latex, etc..... | 0 | 1 | 2 | 3 |
| 2. Current use of sleeping pills..... | N | Y | * | 5 | 13. Exposed to fungicides, herbicides, pesticides now or in the past..... | 0 | 1 | 2 | 3 |
| 3. Current use of diuretics / water pills..... | N | Y | * | 5 | 14. Drink out of plastic or styrofoam cups or bottles..... | 0 | 1 | 2 | 3 |
| 4. Use of antibiotics one or more times annually on average..... | N | Y | * | 5 | 15. Use artificial sweeteners on regular basis.. | 0 | 1 | 2 | 3 |
| 5. Current use of high blood pressure medication..... | N | Y | * | 5 | 16. Use hair colors, dyes, perms, or nail polish on regular basis..... | 0 | 1 | 2 | 3 |
| 6. Current use of cortisone / prednisone..... | N | Y | * | 5 | 17. Use of synthetic, chemical and preservative based cosmetics..... | 0 | 1 | 2 | 3 |
| 7. Current use of cholesterol lowering drugs / statins..... | N | Y | * | 5 | | | | | |
| 8. Current use of psychotropic drugs..... | N | Y | * | 5 | TOTAL FOR SECTION III B: _____ | | | | |
| 9. Silicon breast implants..... | N | Y | * | 3 | | | | | |
| 10. Recreational drug / alcohol use..... | 0 | 1 | 2 | 3 | | | | | |
| 11. Cigarette smoking / second hand smoke..... | 0 | 1 | 2 | 3 | | | | | |

SECTION III PART C

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|
| 1. History of mononucleosis..... | 0 | 1 | 2 | 3 | 9. Recurrent Jock Itch / Athletes Foot..... | 0 | 1 | 2 | 3 |
| 2. History of jaundice or hepatitis..... | 0 | 1 | 2 | 3 | 10. History of Strep Throat..... | 0 | 1 | 2 | 3 |
| 3. History of candida / yeast infection..... | N | Y | * | 5 | 11. History of Staph infection..... | 0 | 1 | 2 | 3 |
| 4. Sexually transmitted disease..... | 0 | 1 | 2 | 3 | 12. Periodontal disease..... | 0 | 1 | 2 | 3 |
| 5. Recurrent parasite infection..... | N | Y | * | 5 | 13. Rheumatoid Arthritis / Chronic Fatigue / Auto-Immune disorder..... | N | Y | * | 10 |
| 6. History of parasitic infection..... | 0 | 1 | 2 | 3 | TOTAL FOR SECTION III C: _____ | | | | |
| 7. Recurrent kidney / bladder infections..... | N | Y | * | 5 | | | | | |
| 8. Recurrent prostatitis, infection or swelling..... | 0 | 1 | 2 | 3 | | | | | |

SECTION III PART D

| | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|
| 1. Abdominal pain / swelling..... | 0 | 1 | 2 | 3 | 12. Stomach pain / burning / aching 1 – 4 hours after eating..... | 0 | 1 | 2 | 3 |
| 2. Nausea or loss of appetite..... | 0 | 1 | 2 | 3 | 13. Excessive belching / burping / bloating..... | 0 | 1 | 2 | 3 |
| 3. Constipation or chronic diarrhea..... | 0 | 1 | 2 | 3 | 14. Have you ever had parasitic infection, dysentery, or episodes of prolonged diarrhea and/or intestinal distress..... | N | Y | * | 5 |
| 4. Alternating constipation / diarrhea..... | 0 | 1 | 2 | 3 | 15. Do you eat processed foods regularly..... | 0 | 1 | 2 | 3 |
| 5. Mucus in stools..... | 0 | 1 | 2 | 3 | 16. Do you drink alcohol or consume coffee daily..... | 0 | 1 | 2 | 3 |
| 6. Stool poorly formed..... | 0 | 1 | 2 | 3 | 17. Do you use acid blocking medication or OTC acid blockers. | 0 | 1 | 2 | 3 |
| 7. Foul smelling stool..... | 0 | 1 | 2 | 3 | 18. Specific foods / beverages aggravate stomach / bowel issues. | 0 | 1 | 2 | 3 |
| 8. History of ulcer or gastritis..... | N | Y | * | 5 | TOTAL FOR SECTION III D: _____ | | | | |
| 9. Known food allergies / sensitivities / intolerances..... | N | Y | * | 5 | | | | | |
| 10. Colitis / Irritable Bowel / Diverticulitis (present or past)..... | N | Y | * | 5 | | | | | |
| 11. Lower abdominal pain / cramping / spasms..... | 0 | 1 | 2 | 3 | | | | | |

SECTION III PART E

| | | | | | | | | | |
|--|---|---|---|---|--|---|---|---|---|
| 1. Eating sugar causes irritability and mood swings..... | 0 | 1 | 2 | 3 | 9. Consume more starchy foods such as bread, cereal, pasta, and potato in relationship to protein foods..... | 0 | 1 | 2 | 3 |
| 2. Skipping meals or snacks causes weakness / fatigue / shaky | 0 | 1 | 2 | 3 | 10. Have sweets or dessert following meals... | 0 | 1 | 2 | 3 |
| 3. Use of blood sugar lowering medications or insulin..... | N | Y | * | 5 | 11. Eat dried or high glycemic fruits (red apple, banana, dates, figs, grapes, kiwi, prunes)..... | 0 | 1 | 2 | 3 |
| 4. Overweight / Obese..... | 0 | 1 | 2 | 3 | 12. Vegetarian (no eggs or dairy)..... | 0 | 1 | 2 | 3 |
| 5. Drink coffee to get started in morning..... | 0 | 1 | 2 | 3 | 13. Give into sugar cravings when arises..... | 0 | 1 | 2 | 3 |
| 6. Often skip breakfast or meals during the day. | 0 | 1 | 2 | 3 | 14. Chew gum or have candy between meals. | 0 | 1 | 2 | 3 |
| 7. Consume sodas or juices during the day / night. | 0 | 1 | 2 | 3 | 15. Glycohemoglobin A1c level greater than 5.6%..... | N | Y | * | 5 |
| 8. Consume alcohol during the day / night..... | 0 | 1 | 2 | 3 | TOTAL FOR SECTION III E: _____ | | | | |

SECTION III PART F

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|
| 1. Elevated cholesterol and low HDL..... | N | Y | * | 3 | 9. Diabetes / Insulin Resistance. | N | Y | * | 10 |
| 2. Cholesterol level above 200..... | N | Y | * | 3 | 10. Any type(s) of Auto-Immune Disorder | N | Y | * | 10 |
| 3. Cholesterol level above 300..... | N | Y | * | 5 | 11. Score greater than 20 in Section III, Part A. | N | Y | * | 5 |
| 4. Triglyceride level above 150..... | N | Y | * | 3 | 12. Score greater than 16 in Section III, Part B. | N | Y | * | 5 |
| 5. Uric Acid level above 6.0..... | N | Y | * | 3 | 13. Score greater than 18 in Section III, Part C. | N | Y | * | 5 |
| 6. Homocysteine level above 7.0..... | N | Y | * | 5 | 14. Score greater than 28 in Section III, Part D. | N | Y | * | 5 |
| 7. Elevated Liver Enzymes (AST, ALT, GGT, Bilirubin). | N | Y | * | 5 | 15. Score greater than 26 in Section III, Part E. | N | Y | * | 5 |
| 8. Decreased or increased White Blood Cells (WBC's). | N | Y | * | 3 | TOTAL FOR SECTION III F: _____ | | | | |

SECTION IV PART A

| | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|
| 1. Diabetes / Dysglycemia in family history..... | N | Y | * | 3 | 7. Hemochromatosis (Iron overload) in family history..... | N | Y | * | 3 |
| 2. Birth defects / History of birth defects..... | N | Y | * | 3 | 8. High blood pressure in family history..... | N | Y | * | 3 |
| 3. Alzheimers Disease in family history..... | N | Y | * | 3 | 9. Alcoholism in family history..... | N | Y | * | 3 |
| 4. Cancer in family history..... | N | Y | * | 3 | | | | | |
| 5. Obesity in family history..... | N | Y | * | 3 | TOTAL FOR SECTION IV A: _____ | | | | |
| 6. Cardiovascular Disease in immediate family..... | N | Y | * | 3 | | | | | |

PART IV SECTION B

| | | | | | | | | | |
|--|---|---|---|---|--|---|---|---|---|
| 1. Mother used DES (hormones) while pregnant..... | N | Y | * | 3 | 5. Traumatic birth..... | N | Y | * | 3 |
| 2. Mother smoked while pregnant..... | N | Y | * | 3 | 6. Not nursed as infant for at least six months..... | N | Y | * | 3 |
| 3. Mother abused alcohol while pregnant..... | N | Y | * | 3 | | | | | |
| 4. Mother abused prescription / recreational drugs while pregnant..... | N | Y | * | 5 | TOTAL FOR SECTION IV B: _____ | | | | |

PART V

| | | | | | | | | | |
|---|---|---|---|---|--|---|---|---|---|
| 1. Use a laptop, tablet, or e-reader on regular basis..... | 0 | 1 | 2 | 3 | 9. Use of micro-wave oven in the home..... | 0 | 1 | 2 | 3 |
| 2. Use cellular phone (without headset) on regular basis..... | 0 | 1 | 2 | 3 | 10. Use of an electric blanket or water-bed.... | 0 | 1 | 2 | 3 |
| 3. Use of cellular phones & laptops while plugged-in..... | 0 | 1 | 2 | 3 | 11. Work near CFL (Compact Florescent Light) bulbs..... | 0 | 1 | 2 | 3 |
| 4. Keep devices connected to Wi-Fi routers.... | 0 | 1 | 2 | 3 | 12. Use / play TV Video games (Play-Station 3, X-Box, Wii)..... | 0 | 1 | 2 | 3 |
| 5. Use of cordless phones in the home..... | 0 | 1 | 2 | 3 | 13. Live near High Voltage Power Lines..... | 0 | 1 | 2 | 3 |
| 6. Use hair dryers or electric shavers on regular basis..... | 0 | 1 | 2 | 3 | 14. Live near cell phone antenna or radio station transmitter..... | 0 | 1 | 2 | 3 |
| 7. Sleep within 36" of electric alarm clock..... | 0 | 1 | 2 | 3 | 15. "Smart Meter" installed on your property. | 0 | 1 | 2 | 3 |
| 8. Spend more than one hour in close proximity of larger household appliances (dryer, washer, fridge, stove) daily..... | 0 | 1 | 2 | 3 | 16. Travel by plane several times each year... | 0 | 1 | 2 | 3 |
| | | | | | 17. Use of imaging equipment (x-ray, CT, PET). | 0 | 1 | 2 | 3 |
| | | | | | TOTAL FOR SECTION V: _____ | | | | |

PART VI

| | | | | | | | | | |
|---|---|---|--|--|--|---|---|--|--|
| 1. I trust in God | N | Y | | | 8. I try to be empathetic with others | N | Y | | |
| 2. I trust in my faith for decisions | N | Y | | | 9. I try to be patient and tolerant | N | Y | | |
| 3. I feel the love of God | N | Y | | | 10. I feel peace deep inside me | N | Y | | |
| 4. I look for insight and understanding | N | Y | | | 11. My life is full of peace and joy | N | Y | | |
| 5. I try to open my mind | N | Y | | | 12. I feel there is a lot of love in the world | N | Y | | |
| 6. I try to help others | N | Y | | | | | | | |
| 7. I try to deal consciously with others..... | N | Y | | | TOTAL FOR SECTION VI: _____ | | | | |

Metabolic and Nutritional Assessments

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