

STRESS ASSESSMENT

NAME: _____ DATE: _____

If you wish to schedule a 15 minute consult with Wendy about this unique brain health approach to managing stress, please save this form and email to wendy@turnerlarsen.com and she will contact you to set up a time.

In the column to the left of each symptom, rate each symptom from 0 (no symptoms) to 10 based on how you have felt in the last few days. A rating of 1 is equivalent to slightly felt or hardly ever felt and 10 being strongly felt or felt most of the time. If you rate any symptom a 4 or higher, the brain health coaching approach may be appropriate for you.

Neurotransmitter/symptom

Serotonin

- _____ Negativity/depression
- _____ Worry/anxiety
- _____ Low self-esteem
- _____ Obsessive thoughts/behaviors
- _____ Winter blues
- _____ Irritability/rage
- _____ Dislike hot weather
- _____ Panic attacks
- _____ Phobias (fear of heights, small spaces, snakes, etc.)
- _____ Afternoon/evening cravings
- _____ Fibromyalgia, TMJ
- _____ Suicidal thoughts/feelings
- _____ Insomnia/disturbed sleep
- _____ Night owl, hard to get to sleep

Catecholamines

- _____ Depression/apathy
- _____ Lack of energy
- _____ Lack of drive/motivation
- _____ Lack of focus/concentration
- _____ ADD like symptoms
- _____ Bored
- _____ Cravings for sugar, etc.

GABA

- _____ Stiff and tense muscles
- _____ Stressed/burned out
- _____ Unable to relax/loosen up
- _____ Overwhelmed
- _____ Crave carbs for relaxation

Endorphins

- _____ Very sensitive to emotional/physical pain
- _____ Cry or tear up easily
- _____ Crave comfort/reward/ numbing from treats
- _____ “Love” certain foods, behaviors, drugs/alcohol

Blood Sugar

- _____ Cravings for sugar, starch, alcohol
- _____ Irritable, shaky, especially if go too long between meals

Used with permission: Julia Ross, The Mood Cure.