Stress Assessment

_____ Date: _____

Name:		Date:
1. In the column to the right of ed	ach symptom, rate	e 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 sympt	om a 4 or higher,	the brain health coaching approach may be appropriate for you. If you
wish to schedule a 15 minute con	sult with Wendy	about this unique brain health approach to managing stress, please
contact her at wendy@turnerlars	en.com	
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	ļ	
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 and adapted from: Amino Acid Therapy Chart by Julia Ross, MA, Author of The Mood Cure, The Diet Cure and The Craving Cure