

NAME _____

DATE _____

Please circle your response to each statement as it applied during the past two weeks. Some of the questions may be repeated, but please ensure you answer them all. There are no right or wrong answers. Don't think too much about your response – your first answer is the best one.

PART A

		Column 1 Never or not at all	Column 2 Some of the time or mildly	Column 3 Often or moder- ately	Column 4 Always or severely
1	I am aware of dryness in my mouth	0	1	2	3
2	I find it difficult to work up the initiative to do things	0	1	2	3
3	I tend to overreact to situations	0	1	2	3
4	I worry about situations in which I might panic and make a fool of myself	0	1	2	3
5	I find it difficult to relax	0	1	2	3
6	I feel downhearted and sad	0	1	2	3
7	I am intolerant of anything that keeps me from getting on with what I am doing	0	1	2	3
8	I am unable to become enthusiastic about anything	0	1	2	3
9	I am aware of the action of my heart in the absence of physical exertion (e.g. increased heart rate or missed beat)	0	1	2	3
10	I find myself getting impatient when I am delayed in any way (e.g. traffic lights, lifts, being kept waiting)	0	1	2	3
11	I feel close to panic	0	1	2	3
12	I can see nothing in the future to be hopeful about	0	1	2	3

NO TOTALS REQUIRED

PART A SUMMARY

1. Enter each score from the questionnaire in the EMPTY box.

QUESTION	DEPRESSION	ANXIETY	STRESS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
TOTAL			

2. Sum the scores and enter in the 'total' boxes for each column.

3. Order the severity of depression, anxiety or stress, and focus treatment accordingly.

	DEPRESSION	ANXIETY	STRESS
NORMAL/MILD	0-4	0-4	0-4
MODERATE	5-8	5-8	5-8
HIGH	9-12	9-12	9-12

Modified from: Lovibond, S.H. & Lovibond, P.F. (1995). Manual for the Depression Anxiety Stress Scales. (2nd Edn.) Sydney: Psychology Foundation.

PART B

SECTION 1		Column 1 Never or not at all	Column 2 Some of the time or mildly	Column 3 Often or moder- ately	Column 4 Always or severely
1	I feel anxious and worried	0	2	4	6
2	I find it difficult falling asleep, staying asleep and/or I wake early	0	2	4	6
3	I feel panicky or distressed	0	2	4	6
4	My appetite and/or weight decreases when I'm stressed	0	1	2	3
5	I have a tendency to addictions or substance abuse (smoking, alcohol or other drugs)	0	1	2	3
TOTALS					

SECTION 1		Column 1 Never or not at all	Column 2 Some of the time or mildly	Column 3 Often or moder- ately	Column 4 Always or severely
1	I feel 'wired but tired' – anxious but lethargic	0	2	4	6
2	I feel very fatigued in the afternoon or night	0	2	4	6
3	I have been anxious or worried for many years	0	2	4	6
4	I feel flushed, hot or sweating in the afternoon or night	0	1	2	3
5	I have aches and pains in my joints, bones or lower back	0	1	2	3
TOTALS					

SECTION 3		Column 1 Never or not at all	Column 2 Some of the time or mildly	Column 3 Often or moder- ately	Column 4 Always or severely
1	I feel like my 'battery is flat'	0	2	4	6
2	I lack stamina or tire easily	0	2	4	6
3	I have difficulty completing projects	0	2	4	6
4	I find it difficult to lose weight	0	1	2	3
5	My appetite increases when I am stressed or upset	0	1	2	3
TOTALS					

FOR PRACTITIONER USE ONLY. THIS IS A SCREENING TOOL DESIGNED TO HELP YOUR PRACTITIONER IDENTIFY TRADITIONAL SYMPTOM PATTERNS ASSOCIATED WITH STRESS.

SECTION 4		Column 1 Never or not at all	Column 2 Some of the time or mildly	Column 3 Often or moder- ately	Column 4 Always or severely
1	I worry excessively	0	2	4	6
2	I feel teary or cry easily when stressed	0	2	4	6
3	I find it difficult making decisions and/or tend to brood on things from the past	0	2	4	6
4	I feel overwhelmed: everything's too much to cope with	0	1	2	3
5	I feel the cold easily	0	1	2	3
TOTALS					

SECTION 5		Column 1 Never or not at all	Column 2 Some of the time or mildly	Column 3 Often or moder- ately	Column 4 Always or severely
1	I get easily irritated or frustrated	0	2	4	6
2	I find it hard to get to sleep or stay asleep	0	2	4	6
3	I suffer shoulder and/or neck pain and/or stiffness	0	2	4	6
MALES ONLY					
4	I have a decreased interest in sex	0	1	2	3
5	I have been tired, unhappy and irritable	0	1	2	3
FEMALES ONLY					
4	I have been irritable, anxious and/ or depressed, especially around my period	0	1	2	3
5	I have a decreased interest in sex	0	1	2	3
TOTALS					

SECTION 6		Column 1 Never or not at all	Column 2 Some of the time or mildly	Column 3 Often or moder- ately	Column 4 Always or severely
1	I'm too stressed to think straight	0	2	4	6
2	My brain feels foggy, I can't concentrate	0	1	2	3
3	I find it difficult to learn and remember things	0	1	2	3
4	I get cold hands and feet	0	1	2	3
5	I can't remember the right words for things	0	1	2	3
TOTALS					

SECTION 7		Column 1 Never or not at all	Column 2 Some of the time or mildly	Column 3 Often or moder- ately	Column 4 Always or severely
1	I worry excessively	0	2	4	6
2	I find it hard to get to sleep or stay asleep	0	2	4	6
3	I feel easily irritated or frustrated	0	2	4	6
4	I crave sugar, fatty or starchy foods	0	1	2	3
5	I have suffered from frequent headaches and/or migraines over the past 3 or more months	0	1	2	3
TOTALS					

SECTION 8		Column 1 Never or not at all	Column 2 Some of the time or mildly	Column 3 Often or moder- ately	Column 4 Always or severely
1	I find my temperament changes frequently with periods of low mood and an indifference to life	0	2	4	6
2	I worry a lot and can't concentrate	0	2	4	6
3	I feel fatigued or lethargic	0	2	4	6
4	I feel the cold more than others	0	1	2	3
5	I find it difficult to lose weight	0	1	2	3
TOTALS					

PLEASE BRING THE COMPLETED QUESTIONNAIRE WITH YOU TO YOUR FIRST APPOINTMENT.
FOR PRACTITIONER USE ONLY. THIS IS A SCREENING TOOL DESIGNED TO HELP YOUR PRACTITIONER IDENTIFY TRADITIONAL SYMPTOM PATTERNS ASSOCIATED WITH STRESS.

PART B TOTALS

Add the scores for each section and enter the total into the 'score' column.

		Column 1 Never or not at all	Column 2 Some of the time or mildly	Column 3 Often or moder- ately	Column 4 Always or severely	SCORE
1	SECTION 1					
2	SECTION 2					
3	SECTION 3					
4	SECTION 4					
5	SECTION 5					
6	SECTION 6					
7	SECTION 7					
8	SECTION 8					

2. Please circle or underline if you have been medically diagnosed with any of the following:

Depression Anxiety disorders Low thyroid function / hypothyroidism

3. Please ensure you bring this completed questionnaire to Jane for your first appointment. The information contained is of enormous help when assessing your whole-body/mind health and planning an effective treatment régime.