

**The Physical:** Please answer these questions to describe your Physical Stressors. Consider your lifestyle over the past month select the appropriate answer for each question.

1. How many times per week do you spend at least 5 minutes performing stretching exercises?
  - a. 5 or more times
  - b. 4 times
  - c. 3 times
  - d. 2 times
  - e. 1 time
  - f. I do not stretch
2. How many times per week do you spend at least 20 minutes performing cardiovascular exercise (running, bicycling, brisk walking, team sports, etc.)?
  - a. 5 or more times
  - b. 4 times
  - c. 3 times
  - d. 2 times
  - e. 1 time
  - f. No such exercise
3. How many times per week do you spend at least 20 minutes performing strength exercises?
  - a. 5 or more times
  - b. 4 times
  - c. 3 times
  - d. 2 times
  - e. 1 time
  - f. No such exercise
4. I want to improve my body composition (fat vs. lean muscle mass)
  - a. Yes
  - b. No
5. Please choose the answer that best describes your weight loss goals:
  - a. I want to maintain my weight
  - b. I want to lose 5-10 lbs
  - c. I want to lose 10-15 lbs
  - d. I want to lose over 15 lbs
  - e. I want to gain 5-10 lbs
  - f. I want to gain more than 10 lbs
6. On Average, how many hours do you sleep per day?
  - a. Four hours or less
  - b. More than four but less than six
  - c. Six to seven
  - d. Seven to nine
  - e. More than nine hours
7. I would describe the quality of the sleep I get as:
  - a. Wake up feeling refreshed
  - b. Some good nights
  - c. Restless due to stress
  - d. Restless due to pain
8. Please choose the sentence you feel best describes your joint function:
  - a. My joints function optimally
  - b. One or more of my joints is swollen intermittently
  - c. One or more of my joints is swollen constantly
  - d. One or more of my joints is painful intermittently
  - e. One or more of my joints is painful consistently

9. Are you experiencing persistent muscle, bone, joint or back pain?
  - a. No, I don't have persistent pain in these parts of my body
  - b. Yes, for less than one month
  - c. Yes, between one to three months
  - d. Yes, between four months and a year
  - e. Yes, over 1 year
10. If you have pain in your muscle, bone or joints, typically how would you describe it?
  - a. The pain is very intense
  - b. The pain is somewhat intense
  - c. The pain is moderate
  - d. The pain is mild
  - e. I have no pain in these parts of my body
11. I sit in a relaxed, upright posture with my spine, shoulders and hips relatively straight.
  - a. Strongly Agree
  - b. Agree
  - c. Agree somewhat
  - d. Disagree
  - e. Strongly Disagree
12. I stand in a relaxed, upright posture with my spine, shoulders and hip relatively straight.
  - a. Strongly Agree
  - b. Agree
  - c. Agree somewhat
  - d. Disagree
  - e. Strongly Disagree
13. I feel as if I have good balance and coordination.
  - a. Yes
  - b. No

**Nutritional:** Please answer these questions to describe your Nutritional Stressors. Consider your lifestyle over the past month select the appropriate answer for each question.

1. How many times per week do you eat a healthy, well-balanced breakfast?
  - a. 6-7 times
  - b. 4-5 times
  - c. 1-3 times
  - d. Never
2. How many times per week do you eat a healthy, well-balanced lunch?
  - a. 6-7 times
  - b. 4-5 times
  - c. 1-3 times
  - d. Never
3. How many times per week do you eat a healthy, well-balanced dinner?
  - a. 6-7 times
  - b. 4-5 times
  - c. 1-3 times
  - d. Never
4. How many times per week do you eat a complete meal within one hour of waking up in the morning?
  - a. 6-7 times
  - b. 4-5 times
  - c. 1-3 times
  - d. Never

5. How many times per week do you eat a complete meal within one hour of going to sleep at night?
  - a. 6-7 times
  - b. 4-5 times
  - c. 1-3 times
  - d. Never
  
6. On average, how many servings/portions of fruit do you consume per day, including juices and snacks?
  - a. 0 servings
  - b. 1 serving
  - c. 2 servings
  - d. 3 servings
  - e. 4 or more servings
  
7. On average, how many servings/portions of vegetables do you consume per day, including juices and snacks?
  - c. 0 servings
  - d. 1 serving
  - e. 2 servings
  - f. 3 servings
  - g. 4 or more servings
  
9. How often do you purchase organically grown foods?
  - a. Almost always
  - b. Usually
  - c. Occasionally
  - d. Almost never
  
8. How many times per week do you eat fast food, such as McDonald's, Burger King, Taco Bell?
  - a. The majority of my meals
  - b. Once a day
  - c. Once every few days
  - d. Once a week
  - e. Almost never
  
10. Do you find you routinely crave the same food, snacks or drinks?
  - a. Never
  - b. Occasionally
  - c. Often
  
11. Do you find that you routinely crave salty foods?
  - a. Never
  - b. Occasionally
  - c. Often
  
12. Do you find you routinely crave sweet foods?
  - a. Never
  - b. Occasionally
  - c. Often
  
13. How many times per week do you eat fatty or fried foods, including desserts?
  - a. 7 or more times
  - b. 6 times
  - c. 4-5 times
  - d. 1-3 times
  - e. Never
  
14. How many times per week do you eat a meal with a larger portion size than you feel is healthy?
  - a. 7 or more times
  - b. 6 times
  - c. 4-5 times
  - d. 1-3 times
  - e. Never
  
15. I take a multi vitamin
  - a. Daily
  - b. Occasionally
  - c. When I remember/feel like it
  - d. Never
  
16. I take fish oils
  - a. Daily
  - b. Occasionally
  - c. When I remember/feel like it
  - d. I eat 2-3 servings of cold water fatty fish
  - e. Never
  
17. I take a meal replacement - If taken please circle the type:
  - a. Daily – bar or shake
  - b. Occasionally – bar or shake
  - c. When I remember/feel like it – bar or shake
  - d. Never
  
18. How many glasses of water do you drink per day?
  - a. 8 or more glasses
  - b. 7 glasses
  - c. 5-6 glasses
  - d. 3-4 glasses
  - e. Fewer than 3 glasses
  
19. How many drinks of caffeinated beverages do you have per day?
  - a. Less than one per day
  - b. 1 drink
  - c. 2 drinks
  - d. 3 drinks
  - e. More than 4 drinks
  
20. On average, how many drinks of wine, beer, or hard liquor do you consume per day?
  - a. 1 or less drinks
  - b. 2 drinks
  - c. 3 drinks
  - d. 4 drinks
  
21. How many cigarettes do you smoke per day?
  - a. None, I don't smoke
  - b. 1 to 5 per day
  - c. 6 to 10 per day
  - d. 11 or more per day
  
22. How many times per week are you exposed to second-hand smoke for an hour or more?
  - a. 7 times
  - b. 6 times
  - c. 4 to 5 times
  - d. 1 to 3 times
  - e. Never
  
23. Do you live or work in a metropolitan area with poor air?
  - a. No
  - b. Yes
  - c. Used to
  
24. How many times per week are you exposed to chemicals in the workplace or elsewhere for an hour or more?
  - a. 7 times
  - b. 6 times
  - c. 4 to 5 times
  - d. 1 to 3 times
  - e. Never

**The Chemical:** Please answer these questions to describe your Chemical Stressors. Consider your lifestyle over the past month select the appropriate answer for each question.

1. I take non-prescription medication for digestive problems or reflux (Prilosec, Imodium A-D, Pepcid, etc.):
  - a. Never
  - b. Occasionally but less than once a month
  - c. Once a month
  - d. 2-3 times a month
  - e. Once a week
  - f. 2-4 times a week
  - g. 5 times or more a week
2. I take allergy/sinus non-prescription medication (Sudafed, Claritin, Benadryl, etc.):
  - a. Never
  - b. Occasionally but less than once a month
  - c. Once a month
  - d. 2-3 times a month
  - e. Once a week
  - f. 2-4 times a week
  - g. 5 times or more a week
3. I take any other non-prescription medication (Tylenol PM, Midol, Dramamine, etc.):
  - a. Never
  - b. Occasionally but less than once a month
  - c. Once a month
  - d. 2-3 times a month
  - e. Once a week
  - f. 2-4 times a week
  - g. 5 times or more a week
4. I take non-prescription pain killers (aspirin, Motrin/Advil/Ibuprofen, Tylenol/Acetaminophen)
  - a. Never
  - b. Occasionally but less than once a month
  - c. Once a month
  - d. 2-3 times a month
  - e. Once a week
  - f. 2-4 times a week
  - g. 5 times or more a week
5. How many prescription blood pressure/heart rate medication(s) do you currently take?
  - a. None
  - b. 1
  - c. 2
  - d. 3 or more
6. Do you currently take a prescription cholesterol/lipid medication?
  - a. No
  - b. Yes
7. Do you currently take a prescription Reflux/G.E.R.D. medication?
  - a. No
  - b. Yes
8. Do you currently take a prescription anti-depressants/psychiatric medication?
  - a. No
  - b. Yes
9. Do you currently take a prescription sleep medication?
  - a. No
  - b. Yes

10. Do you currently take a prescription medication for diabetes/blood sugar problems?
  - a. No
  - b. Yes
11. Do you currently take a prescription pain medication?
  - a. I do not take any prescription pain medication
  - b. Occasionally to less than once a month
  - c. Once a month
  - d. 2 to 3 times a month
  - e. Once a week
  - f. 2 to 4 times a week
  - g. 5 times or more a week
12. Do you currently take a prescription medication not mentioned above?
  - a. No
  - b. Yes

**Psychological:** Please answer these questions to describe your Psychological Stressors. Consider your lifestyle over the past month select the appropriate answer for each question.

1. I am concerned that I do not use my time as efficiently as possible:
  - a. Strongly Agree
  - b. Agree
  - c. Agree somewhat
  - d. Disagree
  - e. Strongly Disagree
  - f. Not Applicable
2. I'm good at making time for myself.
  - a. Strongly Agree
  - b. Agree
  - c. Agree somewhat
  - d. Disagree
  - e. Strongly Disagree
3. I feel that what it would take to make me truly happy is achievable.
  - a. Strongly Agree
  - b. Agree
  - c. Agree somewhat
  - d. Disagree
  - e. Strongly Disagree
4. I feel that my physical appearance interferes with others' ability to appreciate what I have to offer.
  - a. Strongly Agree
  - b. Agree
  - c. Agree somewhat
  - d. Disagree
  - e. Strongly Disagree
5. I am able to face the major stressors in my life and productively deal with them.
  - a. Strongly Agree
  - b. Agree
  - c. Agree somewhat
  - d. Disagree
  - e. Strongly Disagree
6. I have constructive outlets for my aggression.
  - a. Strongly Agree
  - b. Agree
  - c. Agree somewhat
  - d. Disagree
  - e. Strongly Disagree

7. I take time out daily to manage my stress.
  - a. Strongly Agree
  - b. Agree
  - c. Agree somewhat
  - d. Disagree
  - e. Strongly Disagree
  
8. I tend to be impulsive.
  - a. Strongly Agree
  - b. Agree
  - c. Agree somewhat
  - d. Disagree
  - e. Strongly Disagree
  
9. I feel my life has purpose. My actions are driven by clear goals and values.
  - a. Strongly Agree
  - b. Agree
  - c. Agree somewhat
  - d. Disagree
  - e. Strongly Disagree
  
10. I regularly generate a strategy for achieving a goal and carry it through to completion.
  - a. Strongly Agree
  - b. Agree
  - c. Agree somewhat
  - d. Disagree
  - e. Strongly Disagree
  
11. I'm comfortable asking other people for help.
  - a. Strongly Agree
  - b. Agree
  - c. Agree somewhat
  - d. Disagree
  - e. Strongly Disagree
  
12. I feel confident that in a time of crisis there are people to whom I can turn.
  - a. Strongly Agree
  - b. Agree
  - c. Agree somewhat
  - d. Disagree
  - e. Strongly Disagree