

# Leeper Chiropractic Center

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## Stress Survey

Purpose: To determine if any health problems you may be having are due to stress.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_ Occupation: \_\_\_\_\_ # Hours/week currently working: \_\_\_\_\_

On a scale of 1-10 (1 being no stress and 10 being extreme stress level) please rate your daily stress levels:

Physical Stress: \_\_\_\_\_ Chemical Stress: \_\_\_\_\_ Mental/Emotional Stress: \_\_\_\_\_

Please check off any of the following symptoms you may have experienced in the past 6 months, even if they do not seem related to your current problem and check the box where you fit on the chart:

BALANCED NERVOUS SYSTEM		
<input type="checkbox"/> High Energy	<input type="checkbox"/> Few Symptoms	<input type="checkbox"/> Resistant to Infections
<input type="checkbox"/> Mentally Alert	<input type="checkbox"/> Excellent Health	<input type="checkbox"/> Active
<input type="checkbox"/> Positive Mental Attitude	<input type="checkbox"/> Vibrant	<input type="checkbox"/>

  

UNBALANCED NERVOUS SYSTEM		
<b>UNDER-AROUSSED</b>	<b>Low</b>	<b>Low</b>
<input type="checkbox"/> Poor Attention	<input type="checkbox"/> Migraines	<input type="checkbox"/> Cold hands
<input type="checkbox"/> Impulsive	<input type="checkbox"/> Headaches	<input type="checkbox"/> Cold feet
<input type="checkbox"/> Easily Distracted	<input type="checkbox"/> Seizures	<input type="checkbox"/> Tight Muscles
<input type="checkbox"/> Disorganised	<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Teeth grinding
<input type="checkbox"/> Depressed	<input type="checkbox"/> Hot flashes	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Lacking motivation	<input type="checkbox"/> PMS	<input type="checkbox"/> Heart palpitations
<input type="checkbox"/> Poor Concentration	<input type="checkbox"/> Food sensitivities	<input type="checkbox"/> Restless sleep
<input type="checkbox"/> Spaciness	<input type="checkbox"/> Bed wetting	<input type="checkbox"/> Poor expression of emotions
<input type="checkbox"/> Constipation	<input type="checkbox"/> Eating disorders	<input type="checkbox"/> Poor immune system
<input type="checkbox"/> Low pain threshold	<input type="checkbox"/> Bipolar disorders	<input type="checkbox"/> Racing mind
<input type="checkbox"/> Difficulty waking	<input type="checkbox"/> Mood swings	<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Worry	<input type="checkbox"/> Panic attacks	<input type="checkbox"/> Accelerated aging
<input type="checkbox"/> Irritable		<input type="checkbox"/> Irritable bowel
<input type="checkbox"/> Low energy		
<b>Moderate</b>	<b>Severe</b>	<b>Severe</b>

  

EXHAUSTED NERVOUS SYSTEM		
<input type="checkbox"/> Cancer	<input type="checkbox"/> Rheumatoid Arthritis	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Chronic Fatigue Syndrome	<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> ALS
<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Depression	<input type="checkbox"/>
<input type="checkbox"/> Epstein-Barr Syndrome		

According to the Centers for Disease Control and Prevention, up to 90 percent of the doctor visits in the USA may be triggered by a stress-related illness.