

# MIND/BODY QUESTIONNAIRE

**NAME:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Which of the following have you been unhappy or stressed about and for how long:  
(Please rate the amount of stress [1 low – 10 high] in the provided space)

How Long	Stress Rate	WORK	How Long	Stress Rate	FAMILY	How Long	Stress Rate	GENERAL
<input type="text"/>	<input type="text"/>	Managers	<input type="text"/>	<input type="text"/>	In-laws	<input type="text"/>	<input type="text"/>	Trust issues
<input type="text"/>	<input type="text"/>	Other employees	<input type="text"/>	<input type="text"/>	Spouse	<input type="text"/>	<input type="text"/>	Let down
<input type="text"/>	<input type="text"/>	Work atmosphere	<input type="text"/>	<input type="text"/>	Children	<input type="text"/>	<input type="text"/>	Not feeling recognized
<input type="text"/>	<input type="text"/>	Amount of earnings	<input type="text"/>	<input type="text"/>	Parents	<input type="text"/>	<input type="text"/>	Moving to new area
<input type="text"/>	<input type="text"/>	Change of responsibility	<input type="text"/>	<input type="text"/>	Close friends	<input type="text"/>	<input type="text"/>	Accidents
<input type="text"/>	<input type="text"/>	Too many responsibilities	<input type="text"/>	<input type="text"/>	Other relationships	<input type="text"/>	<input type="text"/>	Lack of discipline
<input type="text"/>	<input type="text"/>	Insecure future	<input type="text"/>	<input type="text"/>	Not having children	<input type="text"/>	<input type="text"/>	World events
<input type="text"/>	<input type="text"/>	Too much work	<input type="text"/>	<input type="text"/>	Sexual difficulties	<input type="text"/>	<input type="text"/>	Political issues
<input type="text"/>	<input type="text"/>	Lack of work	<input type="text"/>	<input type="text"/>	Pregnancy	<input type="text"/>	<input type="text"/>	Lawsuit
<input type="text"/>	<input type="text"/>	Work hours	<input type="text"/>	<input type="text"/>	Divorce	<input type="text"/>	<input type="text"/>	Other: _____
<input type="text"/>	<input type="text"/>	Feeling trapped	<input type="text"/>	<input type="text"/>	Had abortion	<input type="text"/>	<input type="text"/>	<b>FINANCIAL</b>
<input type="text"/>	<input type="text"/>	Lack of organization	<input type="text"/>	<input type="text"/>	Lack of intimacy/ romance	<input type="text"/>	<input type="text"/>	Home
<input type="text"/>	<input type="text"/>	Lack of fulfillment	<input type="text"/>	<input type="text"/>	Other: _____	<input type="text"/>	<input type="text"/>	Car
<input type="text"/>	<input type="text"/>	Nature of work	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	Investments
<input type="text"/>	<input type="text"/>	Other: _____	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	Payments
						<input type="text"/>	<input type="text"/>	Loans (mortgage)
						<input type="text"/>	<input type="text"/>	Loss of money
						<input type="text"/>	<input type="text"/>	Other: _____

Which of the following do you currently and predominantly experience in your life?

<input type="checkbox"/> 1. Anger	<input type="checkbox"/> 10. Feeling stuck	<input type="checkbox"/> 19. Jealousy	<input type="checkbox"/> 27. Not good enough
<input type="checkbox"/> 2. Apathy	<input type="checkbox"/> 11. Frustration	<input type="checkbox"/> 20. Let down from others	<input type="checkbox"/> 28. Rejection
<input type="checkbox"/> 3. Childhood abuse issues	<input type="checkbox"/> 12. Easily offended	<input type="checkbox"/> 21. Low self-esteem	<input type="checkbox"/> 29. Restlessness
<input type="checkbox"/> 4. Disappointment	<input type="checkbox"/> 13. Grief	<input type="checkbox"/> 22. Loss	<input type="checkbox"/> 30. Sadness
<input type="checkbox"/> 5. Discontent	<input type="checkbox"/> 14. Guilt	<input type="checkbox"/> 23. Loss of control	<input type="checkbox"/> 31. Shyness
<input type="checkbox"/> 6. Despondency	<input type="checkbox"/> 15. Hate	<input type="checkbox"/> 24. Loss of focus	<input type="checkbox"/> 32. Unloved
<input type="checkbox"/> 7. Discouraged easily	<input type="checkbox"/> 16. Heartache	<input type="checkbox"/> 25. Melancholy	<input type="checkbox"/> 33. Victimized
<input type="checkbox"/> 8. Dissatisfaction	<input type="checkbox"/> 17. Hopelessness/despair	<input type="checkbox"/> 26. Not getting what you deserve	<input type="checkbox"/> 34. Why me
<input type="checkbox"/> 9. Fear	<input type="checkbox"/> 18. Indifference		<input type="checkbox"/> 35. Worthlessness

Is something bothering you, burdening your heart, or are you struggling with something that you have not indicated above?

Do you feel accepted and acknowledged?  Yes  No Please explain:

Do you feel fulfilled?  Yes  No Please explain:

Is there a goal you are working toward in your life:  Yes  No Please explain: