

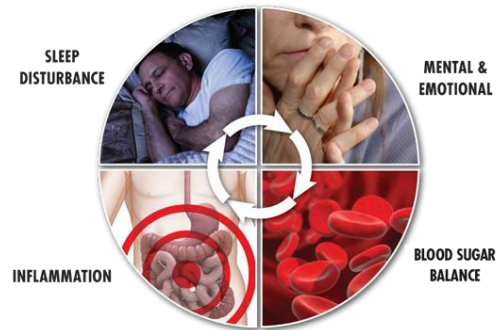


Key Stressors — Patient Questionnaire

May 2015

This questionnaire will help you and your doctor identify the key areas affecting your body's ability to respond to stress. Please circle yes or no for each of the following questions.

Please fill in the 'other' section for any unlisted issues that are related to each category.



Sleep Disturbance

- | | | |
|---|---|---|
| ● Are you experiencing problems falling asleep? | Y | N |
| ● Are you experiencing difficulty staying asleep? | Y | N |
| ● Are you not sleeping enough hours? | Y | N |
| ● Are you not able to fall into a deep sleep? | Y | N |
| ● Do you suffer from light cycle disruption or shift work issues? | Y | N |
| ● Do you frequently feel drowsy throughout the day? | Y | N |
| ● Other _____ | | |

Mental & Emotional

- | | | |
|---|---|---|
| ● Do you frequently experience anxiety? | Y | N |
| ● Do you suffer from depression? | Y | N |
| ● Do you suffer from mood swings? | Y | N |
| ● Do you have difficulty getting motivated? | Y | N |
| ● Do you frequently experience feelings of agitation, anger, fear or worry? | Y | N |
| ● Do you suffer from racing thoughts? | Y | N |
| ● Other _____ | | |

Blood Sugar Balance

- | | | |
|---|---|---|
| ● Do you experience symptoms of hypoglycemia such as: dizziness, shakiness or brain fog between or following meals? | Y | N |
| ● Do you frequently miss or delay meals? | Y | N |
| ● Do you frequently crave sugar or carbohydrates? | Y | N |
| ● Do you consume excessive sugar or refined carbohydrates? | Y | N |
| ● Are you Diabetic or Pre-Diabetic? | Y | N |
| ● Do you regularly consume alcohol or caffeine? | Y | N |
| If yes, how much caffeine and/or alcohol do you drink per day? _____ | | |
| ● Other _____ | | |

Inflammation

- | | | |
|--|---|---|
| ● Musculoskeletal: do you suffer from headaches, muscle, back or joint pain? | Y | N |
| ● Gastrointestinal: do you suffer from IBS, Crohn's disease or diverticulitis? | Y | N |
| ● Dermatological: do you suffer from hives, eczema or psoriasis? | Y | N |
| ● Respiratory: do you suffer from asthma, bronchitis, seasonal allergies or hay-fever? | Y | N |
| ● Auto-immune conditions: do you suffer from any auto-immune condition such as | | |

- MS, Lupus, Rheumatoid Arthritis? Y N
- Immunological: do you suffer from food allergies, chronic Infections or frequent illness? Y N
 - Other _____
-

Article title: Glycemic Index Food List

Author: Dr. Jacqueline Fields M.D

Date: May 2015

Publisher: The Healing Gardens, Fort Collins, CO 80521

Pages: 5

Web source:

<http://thehealinggardens.org/images/PDFs/Article%20Archives/Glycemic%20Index%20Food%20List.pdf>