



PURPOSE:

To determine if any health problems you may be having are due to stress. All information is kept in strict confidence and we never share or give out your information.

Please fill out the following information and click the "Print My Stress Survey" button at the bottom of the form when done.

Please fax it to us at (760) 736-3113 so we can better assist you

with your stress symptoms.

STRESS SURVEY

Name: Age: Phone(H): Phone(W):
 Address: City: State: Zip Code:
 Occupation: # Hours per week currently working:
 Spouse's occupation: # Hours per week currently working:
 Email Address:

1. Check off any of the following symptoms you have experienced in the past 6 months:

- Headaches/Tension
- Low Back Pain
- Pain Between Shoulder Blades
- Allergies
- Fatigue/Tired
- Neck Pain
- Knee Pain
- Weight Trouble
- Pain Anywhere in the body
- Wrist/Hand Pain
- Ankle/Foot Pain
- Shoulder Tension
- Digestive Disturbance
- Elbow Pain
- Ringing in Ears
- Numbing in Arms
- Insomnia/Sleep Problems
- Shoulder Pain
- Nervousness
- Numbing in Legs
- Irritability
- Hip Pain
- Dizziness
- Other:

Which of the above bothers you the most? How long have you been bothered by the condition? Describe how it feels or affects you when it is at its worst:

- 2. Does this cause you to be:** Moody Irritable
- Interrupt Sleep Restricted on Daily Activities **3. Does this affect your work:**
- Decision Making Poor Attitude Decreased Productivity

Comprehensive Health and Chiropractic Center (CHCC)

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Exhausted at End of Day Unable to Work Long Hours

4. Does this affect your life:

Lose Patience with Spouse or Children

Restricted Household Duties

Hinders Ability to Exercise or Participate in Sport

Interferes with Ability to Participate in Hobbies or Other Desired Activities

If you checked any of the above items, your organs are probably not functioning as well as they could, and your energy is probably not flowing as smoothly as it could be.

CHIROPRACTIC CAN HELP YOU because they grant and naturally treat the body to remove the stress and imbalance that cause health problems.

Would you like to get rid of the problem? Yes No

If your answer is Yes, there are several alternatives available to you. Please check the item most appropriate for you:

I would like to come to the Chiropractor 's office for an initial evaluation and consultation. There is **NO CHARGE** for this visit. This will allow me to find out if I can be helped by Chiropractic Care without any financial barriers.

I would like to come for further wellness classes

I would like the Chiropractor to call me to discuss my health problem before making an appointment.

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