

# MOOD & STRESS QUESTIONNAIRE

## PART ONE: PATIENT TO FILL OUT

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

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

Please circle the following that best represents how you felt over the last week. Add up your score and add your total under each section.

<b>SECTION 1</b>		Less than 1 day per week	1 or 2 days per week	3 or 4 days per week	5 or more days per week
1	I feel 'wired but tired' – anxious but lethargic	0	2	4	6
2	I feel restless and exhausted when stressed	0	2	4	6
3	I feel tired all day but then cannot sleep at night or wake early in the morning and cannot get back to sleep	0	1	2	3
4	I get easily overstimulated by even mild amounts of caffeine or sugar	0	1	2	3

SECTION 1 TOTAL: \_\_\_\_\_

<b>SECTION 2</b>		Less than 1 day per week	1 or 2 days per week	3 or 4 days per week	5 or more days per week
1	I feel like my 'battery is flat'	0	2	4	6
2	I feel mentally and physically exhausted	0	2	4	6
3	I find it hard to get motivated to start or complete tasks	0	1	2	3
4	I find it hard to get going in the mornings	0	1	2	3

SECTION 2 TOTAL: \_\_\_\_\_

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<b>SECTION 3</b>		Less than 1 day per week	1 or 2 days per week	3 or 4 days per week	5 or more days per week
1	I feel downhearted and sad	0	2	4	6
2	I find it hard to get enthusiastic about anything	0	2	4	6
3	I find it difficult to work up the initiative to do things	0	1	2	3
4	I see nothing in my future to be hopeful about	0	1	2	3

SECTION 3 TOTAL: \_\_\_\_

<b>SECTION 4</b>		Less than 1 day per week	1 or 2 days per week	3 or 4 days per week	5 or more days per week
1	I feel anxious and worried	0	2	4	6
2	I feel panicky or distressed	0	2	4	6
3	I find it difficult to relax	0	1	2	3
4	I feel nervous and tense	0	1	2	3

SECTION 4 TOTAL: \_\_\_\_

<b>SECTION 5</b>		Less than 1 day per week	1 or 2 days per week	3 or 4 days per week	5 or more days per week
1	I get easily irritated, frustrated, grumpy or moody	0	2	4	6
2	It takes me a long time to wind down if something upsets me	0	2	4	6
3	I suffer from shoulder and/or neck pain and/or stiffness	0	1	2	3
4	I find myself getting impatient when I am delayed in any way (e.g. traffic lights, lifts, being kept waiting)	0	1	2	3

SECTION 5 TOTAL: \_\_\_\_

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<b>SECTION 6</b>		Less than 1 day per week	1 or 2 days per week	3 or 4 days per week	5 or more days per week
1	I worry excessively	0	2	4	6
2	I feel teary or cry easily when stressed	0	2	4	6
3	I find it difficult making decisions and/or tend to brood on things from the past	0	1	2	3
4	I feel overwhelmed, like everything is too much to cope with	0	1	2	3

SECTION 6 TOTAL: \_\_\_\_

<b>SECTION 7</b>		Less than 1 day per week	1 or 2 days per week	3 or 4 days per week	5 or more days per week
1	I find it difficult to fall asleep and/or stay asleep	0	2	4	6
2	I wake unrefreshed	0	2	4	6
3	I find it difficult to relax or 'switch off', especially at night	0	1	2	3
4	I feel intense anxiety or panic	0	1	2	3

SECTION 7 TOTAL: \_\_\_\_

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## PART TWO: PRACTITIONER TO FILL OUT

### HERBAL FORMULA

Add the scores for each section in Part One and enter the total into the 'score' column below.

- Rank each section based on the score in descending order (i.e. 1 is the top score, 2 is the second highest, etc).
- Rank 1 indicates the most relevant prescription for your patient.
- If the top scores are close, check the questions relevant to the section and ascertain which is most relevant to your patient.

SECTION	FORMULA	SCORE	RANK
1	Adaptan		
2	Adrenotone		
3	Infla-mood		
4	NeuroCalm		
5	Relaxan (females) or AndroLift (males)		
6	Resilian		
7	NeuroCalm Sleep		

### MAGNESIUM FORMULA

- Choose the most appropriate magnesium formula below

SYMPTOM PICTURE	FORMULA
Stress, anxiety, insomnia or depression	CalmX
Cardiometabolic symptoms or pathology such as hypertension or insulin resistance	CardioX
Fatigue or hypothyroidism	EnergyX
Hormonal symptoms in females such as PMS, dysmenorrhoea or menopause symptoms	FemmeX
Musculoskeletal or nerve pain, fibromyalgia, headache or migraine	PainX

### PRESCRIPTION

	PRODUCT	DOSE
B vitamin support	Meta B Complex	1 tablet BD
Magnesium formula		
Herbal formula (ranked 1 <sup>st</sup> in patient answers)		
Herbal formula (optional) (ranked 2 <sup>nd</sup> in patient answers)		
Additional support at Practitioner's discretion		
Additional support at Practitioner's discretion		

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