

Stress

by Neuro-Q

Patient name: _____ Age: _____

Are you? ☐ Male ☐ Female ☐ Unspecified State: _____

Have you taken supplements in the past? ☐ Yes ☐ No

- ① In the last month, how often have you been upset because something happened to you unexpectedly?
☐ Never ☐ Almost Never ☐ Sometimes
☐ Fairly Often ☐ Very Often
- ② In the last month, how often have you felt that you were unable to control the important things in your life?
☐ Never ☐ Almost Never ☐ Sometimes
☐ Fairly Often ☐ Very Often
- ③ In the last month, how often have you felt nervous and stressed?
☐ Never ☐ Almost Never ☐ Sometimes
☐ Fairly Often ☐ Very Often
- ④ In the last month, how often have you felt confident in your ability to handle personal problems?
☐ Never ☐ Almost Never ☐ Sometimes
☐ Fairly Often ☐ Very Often
- ⑤ In the last month, how often have you felt that things were going your way?
☐ Never ☐ Almost Never ☐ Sometimes
☐ Fairly Often ☐ Very Often
- ⑥ In the last month, how often have you found that you could not cope with all of the things you had to do?
☐ Never ☐ Almost Never ☐ Sometimes
☐ Fairly Often ☐ Very Often
- ⑦ In the last month, how often have you been able to control the irritations in your life?
☐ Never ☐ Almost Never ☐ Sometimes
☐ Fairly Often ☐ Very Often
- ⑧ In the last month, how often have you felt that you were on top of things?
☐ Never ☐ Almost Never ☐ Sometimes
☐ Fairly Often ☐ Very Often
- ⑨ In the last month, how often have you been angered because of things that happened that were outside of your control?
☐ Never ☐ Almost Never ☐ Sometimes
☐ Fairly Often ☐ Very Often
- ⑩ In the last month, how often have you felt that difficulties were piling up so high that you could not overcome them?
☐ Never ☐ Almost Never ☐ Sometimes
☐ Fairly Often ☐ Very Often
- ⑪ On average, how often do you have abdominal discomfort and poorly formed (loose) stool?
☐ Not during the past month
☐ Less than once per week
☐ Once or twice a week
☐ Three or more times a week
- ⑫ On average, how often does stress disrupt your ability to think or focus?
☐ Not during the past month
☐ Less than once per week
☐ Once or twice a week
☐ Three or more times a week

Continue on backside >

Stress continued...

- 13 Do you follow any of the following special diets?
☐ None ☐ Paleo ☐ Pescatarian
☐ Vegan ☐ Vegetarian ☐ Ketogenic
☐ Other
- 14 On average, how many servings of fresh fruit and vegetables do you eat in a day?
☐ 0-2 ☐ 3-5 ☐ 6+
- 15 How many servings of fish (rich in omega-3 fatty acids) in a week? (e.g. salmon, tuna, sardines)
☐ 0-1 ☐ 2-3 ☐ 3+
- 16 On average, how many servings of high fiber food do you eat in a day? (e.g. whole grains, green vegetables, seeds, beans)
☐ 0-1 ☐ 2-3 ☐ 3+
- 17 On average, how many servings of protein do you eat in a day?
☐ 0-1 ☐ 2-3 ☐ 3+
- 18 On average, how many servings of calcium-rich food do you eat in a day? (e.g. dairy products, beans, green vegetables)
☐ 0-2 ☐ 3-4 ☐ 4+
- 19 How would you describe your activity/fitness level?
☐ I am not very active and/or do not work out
☐ I am somewhat active and/or work out rarely
☐ I am fairly active and/or work out occasionally
☐ I am very active and/or work out almost daily
- 20 On average, how many alcoholic drinks do you consume on a weekly basis?
☐ 0 ☐ 1-3 ☐ 3-6 ☐ 6+
- 21 Please select any food allergies/sensitivities among the following.
☐ Wheat ☐ Milk ☐ Eggs ☐ Fish
☐ Shellfish ☐ Soy ☐ Gluten ☐ Peanuts
☐ Tree nuts (e.g. almonds, walnuts, pecans)
- 22 When it comes to vitamins and supplements, how would you describe yourself?
☐ Informed ☐ Curious ☐ Skeptical
- 23 When it comes to swallowing tablets and capsules, you are...
☐ Able and willing to take tablets or capsules
☐ Able, but would prefer a non-capsule delivery if available
☐ Not able to swallow tablets or capsules



Return this form to your healthcare provider to generate and review your custom report.