

Brain Stress Survey

This survey will help determine if any symptoms you are having are being created by stress or are a result of weakened brain function.



ARIZONA
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CENTER

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

- Headache/Migraine
- Neck Pain
- Jaw Pain
- Low Back Pain
- Sciatic Pain
- Foot Pain
- Issues Falling Asleep
- Issues Staying Asleep
- Fatigue/Tiredness
- Short-Term Memory Issues
- Long-Term Memory Issues
- Depression
- Dizziness
- Balance Issues
- Bumping into Walls
- Digestive Issues
- Food Sensitivities
- Brain Fog
- Blood Sugar Issues
- Thyroid Issues
- Inflammation Issues
- Tingling/Numbness in arms or hands
- Tingling/Numbness in legs or feet

Which of the above is worst? _____

How long have you been experiencing this? _____

When at it's worst, how does it feel? _____

2. Does this cause:

- Moodiness
- Irritability
- Weight Gain
- Poor Performance (work/other)
- Restrictions (daily activity)
- Chronic Pain

3. Does this affect your work

- Decision making
- Poor attitude
- Decreased productivity
- Exhausted at the end of day
- Unable to work long hours
- losing desire to work

4. How does this affect your life?

- Loss of patience with spouse or children
- Hindered ability in exercise/sports
- Restricted household duties
- Hindered ability to multi-task
- Loss of motivation/productivity
- Following a poor health path
- Change in personality
- Fear of it getting worse
- Avoid social situations
- Constantly in pain

Name

Age

Date
