

Stress & Recovery Questionnaire



NAME

DATE

Sleep habits and quality

Think about your sleep habits and quality right now.

On average, how many hours per night do you sleep?

- ☐ 4 or fewer hours ☐ 7 hours ☐ 10 or more hours
- ☐ 5 hours ☐ 8 hours
- ☐ 6 hours ☐ 9 hours

Do you work shift work?

☐ Y ☐ N

What is your typical bedtime?

.....

On a scale of 1-10, how good is your sleep quality?

HORRIBLE

1

2

3

4

5

6

7

8

9

10

AWESOME!!!

What tends to interfere with you getting enough sleep, and / or the quality of your sleep?

.....

.....

What, if anything, tends to help you sleep better / longer?

.....

.....

Do you currently take any medications or natural health products to help yourself sleep? If yes, what?

☐ Y ☐ N

Stress factors

Many things can cause us stress. Check all that you've experienced in the last six months.

- | | | |
|--|--|---|
| <input type="radio"/> Death of partner; close family; or friend | <input type="radio"/> Ongoing pressure and demands at work or school | <input type="radio"/> Caring for child(ren) |
| <input type="radio"/> Death of someone else you cared about | | <input type="radio"/> Caring for sick, disabled, and / or older family member or friend |
| <input type="radio"/> Death of pet | <input type="radio"/> Recently retired | |
| <input type="radio"/> Left home | <input type="radio"/> Debt, lost money, or other financial pressures | <input type="radio"/> Child left home |
| <input type="radio"/> Moved house | <input type="radio"/> Significant or frequent travel | <input type="radio"/> Other change to family situation (e.g., aging parent moved in) |
| <input type="radio"/> Moved to a new region (new state / province, etc.) | <input type="radio"/> Fast-paced / busy / rushed life | <input type="radio"/> Major physical health problem (either acute or chronic) |
| <input type="radio"/> Started school | <input type="radio"/> Got married | <input type="radio"/> Substance abuse issues and / or another addiction |
| <input type="radio"/> Graduated from school | <input type="radio"/> Ongoing relationship problems with partner(s) | <input type="radio"/> Heavy athletic training or other physical endeavors |
| <input type="radio"/> Started a new job / career | <input type="radio"/> Relationship breakup / divorce or separation | <input type="radio"/> Athletic competition |
| <input type="radio"/> Changed jobs | <input type="radio"/> Ongoing problems with other family, relatives, friends | <input type="radio"/> Other: |
| <input type="radio"/> Long work hours (10+ hours/day) | <input type="radio"/> Pregnancy / new baby | |
| <input type="radio"/> Shift work | | |
| <input type="radio"/> Occupational exposure to toxins | | |

Considering all these factors, how would you rank your overall level of stress right now?

NO STRESS ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 EXTREME STRESS

Considering all these factors, how well would you say you're coping right now?

HORRIBLY ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 PERFECTLY

What, if anything, do you do right now to cope and / or recover from stressors?

(Include physical, mental, and emotional recovery.)

How physically energetic and vital do you normally feel on an average day?

EXHAUSTED

1

2

3

4

5

6

7

8

9

10

SUPERSTAR!!!

On an average day, do you have any persistent pain, soreness, stiffness, aching, etc.?

Y

N

If yes, how bad is it?

ALMOST
NOTHING

1

2

3

4

5

6

7

8

9

10

EXCRUCIATING
/ DISABLING

How mentally "sharp", quick, and clear do you normally feel on an average day?

TOTAL
BRAIN FOG

1

2

3

4

5

6

7

8

9

10

GENIUS

How happy and cheerful do you normally feel on an average day?

COMPLETELY
DEPRESSED

1

2

3

4

5

6

7

8

9

10

RAY OF
SUNSHINE

Today, how interested are you in exercise and / or training? How excited to train?

UGH, I'D
RATHER TAKE
A NAP

1

2

3

4

5

6

7

8

9

10

LET'S
CRUSH IT!

For women: If you should be having regular periods, are you? If no, how long has it been since your last period?

Y

N

Stress & Recovery Questionnaire (cont'd)

Record your resting morning heart rate before getting out of bed. Place your index and middle finger on either your carotid artery (neck) or radial artery (inside of wrist) and count the number of beats you feel in 60 seconds. **Morning heart rate:**

.....

Record your morning temperature when you wake up. **Morning temperature:**

.....