ADVANCED HEALTH SERVICES, LLC
Email: advancedhealth14@gmail.com
Website: www.OurAdvancedHealthServices.com
Phone: 561-596-7581 FAX: 561-328-6885

Name:	Date:	Skype Name:

MIND-BODY QUESTIONNAIRE

Which of the following have you been unhappy or stressed about and for how long?
Please rate the amount of stress (1 low-10 extremely high) in the provided space and for how long specify number of days (D), weeks (W), months (M), years (Y).

How long:	Stress rate:	WORK:	How long:	Stress rate:	FAMILY:	How long:	Stress rate:	GENERAL:
		Stress from managers			In-laws			Lawsuit
		Other employees			Spouse			Moving to new area
		Work atmosphere			Children			Accidents
		Amount of earnings			Parents			Lack of discipline
		Change of responsibility			Close friends			World events
		Too many responsibilities			Other relationships			Political issues
		Insecure future			Not having children			Trust issues
		Too much work			Sexual difficulties			Disappointed
		Lack of work			Pregnancy			Not feeling recognized
		Work hours			Divorce			Other:
		Financial			Had abortion			
		Lack of organization			Lack of intimacy			**FINANCIAL:**
		Lack of fulfillment			Adultery			Home
		Nature of work			Sex addiction			Car
		Lack of future potential			Other:			Investments
		Other:						Payments
								Loans/mortgage
								Lack of money
								Other:

Which of the following do you currently and predominantly experience in your life?
Please, mark an X to the left of the listed emotion.

	Anger		Frustration		Let down from others		Rejection
	Apathy		Easily offended		Low esteem		Restlessness
	Childhood abuse issues		Grief		Loss		Sadness
	Disappointment		Guilt		Loss of control		Shyness
	Discontent		Hate		Loss of focus		Unloved
	Discouraged easily		Heartache		Melancholy		Victimized
	Dissatisfaction		Hopelessness		Not getting what you deserve		Why me
	Fear		Indifference				Worthless
	Feeling stuck		Jealousy		Not good enough		

Is something bothering you, burdening your heart, or are you struggling with something which you have not indicated above or would like to include more detailed description?

What do you see to be the objective of your counseling session(s)?
