

Mood & Stress QUESTIONNAIRE

Please read each question or statement and place a circle in the column which indicates how much the question or statement applied to you *over the past few weeks*. There are no right or wrong answers. It is best not to spend too much time on any question. Some questions are repeated, please answer them all.

SECTION 1

	Rarely or never	Some of the time	Often	Always/ Constantly
1. Do you worry excessively?	0	2	4	6
2. Do you cry easily?	0	2	4	6
3. Are you a light sleeper?	0	2	4	6
4. Do you have many dreams each night?	0	1	2	3
5. Do you find it hard to make decisions?	0	1	2	3
6. Would you describe yourself as introverted?	0	1	2	3
7. Are you easily upset?	0	1	2	3
8. Do you speak softly or quietly?	0	1	2	3
9. Do your muscles feel weak at times?	0	1	2	3
10. Does your heartbeat feel irregular, where you are conscious of it beating (palpitations)?	0	1	2	3
11. Do you feel short of breath?	0	1	2	3
12. Do you feel the cold easily?	0	1	2	3
13. Are you forgetful, or have a poor memory?	0	1	2	3
14. Do you tend to brood over and over the same concerns?	0	1	2	3
Total:				_____

SECTION 2

	Rarely or never	Some of the time	Often	Always/ Constantly
1. Do you feel quite unmotivated at times, or feel like you can't be bothered at all?	0	2	4	6
2. Do you feel you have a poor memory, or are you quite forgetful?	0	2	4	6
3. How often does poor mental function affect your ability to do your work or other activities?	0	2	4	6
4. Do you forget things like names, dates or facts easily?	0	1	2	3
5. Do you find it very difficult to concentrate?	0	1	2	3
6. Do you feel physically lethargic or fatigued?	0	1	2	3
7. Do you feel mentally lethargic or fatigued?	0	1	2	3
8. Do you find it difficult to learn new things?	0	1	2	3
9. Does your brain feel foggy?	0	1	2	3

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10. Do you repeatedly reach for coffee, tea, sweets or other pick-me-ups throughout the day?	0	1	2	3
11. Do you have chronic aches and pains?	0	1	2	3
12. Do you have an increased sensitivity to pain?	0	1	2	3
13. Do you find it difficult if people talk to you when you've just woken up?	0	1	2	3
14. Do you struggle with mental tasks which you used to find easy?	0	1	2	3

Total: _____

SECTION 3

	Rarely or never	Some of the time	Often	Always/ Constantly
1. Do you feel irritated or frustrated easily?	0	2	4	6
2. Do you let out a sigh at least a few times a day?	0	2	4	6
3. Do you find it hard to get to sleep or stay asleep?	0	1	2	3
4. Do you have shoulder and neck pain or stiffness?	0	1	2	3
5. Do you feel tired in the morning?	0	1	2	3
6. Do you have a tendency to be irritable or grumpy in the morning?	0	1	2	3
7. Do you have headaches or migraines?	0	1	2	3
8. Do you skip some meals and/or eat excessively at others?	0	1	2	3
9. Do you feel nauseous or get reflux when stressed?	0	1	2	3
10. Do you have high blood pressure?	0	1	2	3
11. Do your moods change easily?	0	1	2	3

IF FEMALE:

12. Do you suffer from PMS - tender breasts, lumps in the breast or moodiness before your period?	0	1	2	3
13. Are you suffering from menopausal symptoms or irregular periods?	0	1	2	3
14. Do you have an irritable bowel - excessive bloating, discomfort, irregular bowel movements?	0	1	2	3
15. Do you have a short fuse or a quick temper?	0	1	2	3

IF MALE:

16. Do you have an irritable bowel - excessive bloating, discomfort, irregular bowel movements?	0	2	4	6
17. Do you have a short fuse or a quick temper?	0	2	4	6

Total: _____

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SECTION 4

	Rarely or never	Some of the time	Often	Always/ Constantly
1. Do you feel irritated or frustrated easily?	0	1	2	3
2. Do you feel you have extremes of emotion?	0	1	2	3
3. Do things easily trigger you to explode with anger or frustration?	0	1	2	3
4. Do you find it hard to get to sleep or stay asleep?	0	1	2	3
5. Do you tend to over-react to situations?	0	1	2	3
6. Do you feel nervous or restless?	0	1	2	3
7. Would you consider yourself a risk-taker, in your work or social life?	0	1	2	3
8. Do you feel tired in the morning?	0	1	2	3
9. Do you suffer from muscle tightness, cramps, and spasms?	0	1	2	3
10. Do you have headaches?	0	1	2	3
11. Do you drink alcohol or use other drugs to relieve stress and frustration?	0	1	2	3
12. Do you feel so angry at times that you feel like you might lose control?	0	1	2	3
13. Do you suffer from heartburn, gastritis or reflux?	0	1	2	3
14. Are your bowel movements difficult or infrequent?	0	1	2	3
15. Do you feel you have a short fuse or a quick temper?	0	1	2	3
16. Do you have high blood pressure?	0	1	2	3
17. Do you have high cholesterol?	0	1	2	3

Total: _____

SECTION 5

	Rarely or never	Some of the time	Often	Always/ Constantly
1. Do you feel anxious or worried?	0	2	4	6
2. Do you find it difficult to fall asleep?	0	2	4	6
3. Do you wake early in the morning and find it hard to get back to sleep?	0	2	4	6
4. Do you have panic attacks?	0	2	4	6
5. Do you feel restless, fidgety or unable to sit still?	0	2	4	6
6. Do you feel edgy or highly strung?	0	2	4	6
7. Do you have a restless, overactive mind?	0	2	4	6
8. Do you tend to lose weight when stressed or depressed?	0	1	2	3
9. Does your appetite tend to decrease with stress or depression?	0	1	2	3
10. Do you have a tendency to addictions or substance abuse?	0	1	2	3

Total: _____

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SECTION 6

	Rarely or never	Some of the time	Often	Always/ Constantly
1. Do you feel tired or lethargic?	0	2	4	6
2. Do you have low thyroid function?	0	2	4	6
3. Do you lack stamina, or tire easily?	0	2	4	6
4. Do you have cold hands or feet?	0	2	4	6
5. Do you have difficulty completing projects?	0	1	2	3
6. Do you tend to avoid facing problems?	0	1	2	3
7. Do you suffer from aches and pains?	0	1	2	3
8. Do you find it difficult to lose weight?	0	1	2	3
9. Does your skin seem pale or puffy?	0	1	2	3
10. Have you been losing hair?	0	1	2	3
11. Do you have a lack of interest in sex?	0	1	2	3
12. Do you suffer from infertility or impotence?	0	1	2	3
13. Does your appetite increase when you are stressed or depressed?	0	1	2	3

Total: _____

SECTION 7

	Rarely or never	Some of the time	Often	Always/ Constantly
1. Do you feel tired or lethargic?	0	2	4	6
2. Do you feel anxious or worried?	0	2	4	6
3. Do you feel very fatigued in the afternoon or night?	0	1	2	3
4. Do you feel flushed, hot or sweating in the afternoon or night?	0	1	2	3
5. Do you get very thirsty, or have a dry throat?	0	1	2	3
6. Have you been anxious or worried for many years?	0	1	2	3
7. Do you feel burnt out?	0	1	2	3
8. Does your mind feel restless, like you can't shut it down?	0	1	2	3
9. Do you wake at 3-4am in the morning and find it difficult to get back to sleep?	0	1	2	3
10. Do you feel dizzy?	0	1	2	3
11. Are you forgetful, or have a poor memory?	0	1	2	3
12. Do you have aches and pains in your bones, joints or lower back?	0	1	2	3
13. Are your bowel movements difficult, hard, dry or infrequent?	0	1	2	3
14. Do you have high blood pressure?	0	1	2	3
15. Do you have headaches?	0	1	2	3

Total: _____

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SECTION 8

	Rarely or never	Some of the time	Often	Always/ Constantly
1. Do you feel irritated or frustrated easily?	0	2	4	6
2. Do things make you angry easily?	0	1	2	3
3. Do you find it hard to get to sleep or stay asleep?	0	2	4	6
4. Do you have a large appetite?	0	1	2	3
5. Do you crave sugary, fatty or starchy foods?	0	1	2	3
6. Are you overweight?	0	1	2	3
7. Do you suffer from ongoing pain?	0	1	2	3
8. Do you suffer from migraines or headaches?	0	1	2	3
9. Do you have panic attacks?	0	1	2	3

Total: _____

SECTION 9

	Rarely or never	Some of the time	Often	Always/ Constantly
1. Do you worry excessively?	0	1	2	3
2. Do you feel tired or lethargic?	0	1	2	3
3. Do you lack motivation, or feel like you can't be bothered?	0	1	2	3
4. Do you have digestive problems which worsen with stress?	0	1	2	3
5. Do you suffer from indigestion, reflux, nausea, vomiting, or burping?	0	1	2	3
6. Do you suffer from allergies – sneezing, rash, eczema, etc?	0	1	2	3
7. Do you suffer from sinus congestion?	0	1	2	3
8. Do you have a cough with mucus?	0	1	2	3
9. Do you need to clear your throat regularly throughout the day?	0	1	2	3
10. Do you have a feeling of tightness or obstruction in the throat?	0	1	2	3
11. Do you have difficulty swallowing?	0	1	2	3

Total: _____

Thank you for your time.

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SCORING SHEET

SECTIONS 1-4

NEUROLOGICAL AND HORMONAL PATTERN

- Add up the scores for each section and transfer the totals into the 'Score' column on this sheet
- Rank each section based on the score in descending order; ie. '1' is the top score, '2' is the second-highest score, etc
- Rank 1 indicates the most relevant prescription for your patient in this category
- If the top scores are quite close together, have a look at the questions in those sections. The section which takes priority is that which addresses the most relevant clinical concerns for your patient

Section	Score	Catchphrase	Rank
Section 1		<i>Ginseng Complex for Emotional Resilience</i>	
Section 2		<i>Maté Complex for Mental Fatigue</i>	
Section 3		<i>Bupleurum Complex for Nervous Tension and Irritability</i>	
Section 4		<i>Bupleurum and Calcium Complex for Stress and Insomnia</i>	

SECTIONS 5-7

COMMON STRESS-RELATED COMPLAINTS

- Follow the instructions above to complete the score sheet below
- Rank 1 indicates the most relevant prescription for your patient in this category

Section	Score	Catchphrase	Rank
Section 5		<i>Herbal Support for Hyper HPA and Stress</i>	
Section 6		<i>Herbal and Nutritional Support for Adrenal Health</i>	
Section 7		<i>Rehmannia Complex for Nervous Exhaustion</i>	

SECTIONS 8-9

DEPRESSION SUPPORT

- This section should be utilised where specific treatment for depression is required - diagnosed or self-reported depression, or high score in the depression section of the DASS42 questionnaire
- This section assists the selection of the most relevant prescription for depression
- This section will not identify depression in patients - for this purpose, use the DASS42 questionnaire in combination with clinical interview
- Use the same method for calculating the scores as described above - in this case, there will only be rank '1' and '2'

Section	Score	Catchphrase	Rank
Section 8		<i>Hydroxytryptophan Complex</i>	
Section 9		<i>Pinellia and Hypericum Complex for Healthy Mood</i>	