

Identi-T™ Stress Assessment

Name _____ Age _____ Sex _____ Date _____

Stress is a normal part of life. Every day, we're faced with stimuli, called stressors, which can elicit the body's "fight or flight" response, setting off a chain of physiological reactions and resulting in emotions ranging from mild to intense. But while occasional stress is natural and even healthy, chronic stress can be harmful.

Please take a few moments to discover your body's response to situations you perceive as stressful. By honestly assessing how you feel, your health care provider can create a natural stress relief program for your individual needs.

Directions:

Please read each statement and circle the number 0, 1, 2, or 3 that best describes your feelings or reactions throughout the course of the day. Determine a subtotal score for each section, then determine the total scores for sections A-C and C-E. Some questions may appear redundant between sections. Please answer each question. Don't spend much time on any one question.

0 = Never true 1 = Seldom true 2 = Sometimes true 3 = Often true

When under stress for two weeks or longer, I...

Section A:

- | | | | | |
|---|---|---|---|---|
| 1. Get wound up when I get tired and have trouble calming down..... | 0 | 1 | 2 | 3 |
| 2. Feel driven, appear energetic but feel "burned out" and exhausted..... | 0 | 1 | 2 | 3 |
| 3. Feel restless, agitated, anxious, and uneasy..... | 0 | 1 | 2 | 3 |
| 4. Feel easily overwhelmed by emotion..... | 0 | 1 | 2 | 3 |
| 5. Feel emotional — cry easily or laugh inappropriately..... | 0 | 1 | 2 | 3 |
| 6. Experience heart palpitations or a pounding in my chest..... | 0 | 1 | 2 | 3 |
| 7. Am short of breath..... | 0 | 1 | 2 | 3 |
| 8. Am constipated..... | 0 | 1 | 2 | 3 |
| 9. Feel warm, over-heated, and dry all over..... | 0 | 1 | 2 | 3 |
| 10. Get mouth sores or sore tongue..... | 0 | 1 | 2 | 3 |
| 11. Get hot flashes..... | 0 | 1 | 2 | 3 |
| 12. Sleep less than seven hours a night..... | 0 | 1 | 2 | 3 |
| 13. Have trouble falling asleep and staying asleep..... | 0 | 1 | 2 | 3 |
| 14. Worry about high blood pressure, cholesterol, and triglycerides..... | 0 | 1 | 2 | 3 |
| 15. Forget to eat and feel little hunger..... | 0 | 1 | 2 | 3 |

Total points: _____

Section B:

- | | | | | |
|---|---|---|---|---|
| 1. Find myself worrying about things big and small..... | 0 | 1 | 2 | 3 |
| 2. Feel like I can't stop worrying, even though I want to..... | 0 | 1 | 2 | 3 |
| 3. Feel impulsive, pent up, and ready to explode..... | 0 | 1 | 2 | 3 |
| 4. Get muscle spasms..... | 0 | 1 | 2 | 3 |
| 5. Feel aggressive, unyielding, or inflexible when pressed for time..... | 0 | 1 | 2 | 3 |
| 6. See, hear, and smell things that others do not..... | 0 | 1 | 2 | 3 |
| 7. Stay awake replaying the events of the day or planning for tomorrow..... | 0 | 1 | 2 | 3 |
| 8. Have upsetting thoughts or images enter my mind again and again..... | 0 | 1 | 2 | 3 |
| 9. Have a hard time stopping myself from doing things again and again,
like checking on things or rearranging objects over and over..... | 0 | 1 | 2 | 3 |
| 10. Worry a lot about terrible things that could happen if I'm not careful..... | 0 | 1 | 2 | 3 |

Total points: _____

Section C:

- | | | | | |
|--|---|---|---|---|
| 1. Have muscle and joint pains..... | 0 | 1 | 2 | 3 |
| 2. Have muscle weakness..... | 0 | 1 | 2 | 3 |
| 3. Crave salt or salty things..... | 0 | 1 | 2 | 3 |
| 4. Have multiple points on my body that when touched are tender or painful..... | 0 | 1 | 2 | 3 |
| 5. Have dark circles under my eyes..... | 0 | 1 | 2 | 3 |
| 6. Feel a sudden sense of anxiety when I get hungry..... | 0 | 1 | 2 | 3 |
| 7. Use medications to manage pain..... | 0 | 1 | 2 | 3 |
| 8. Get dizzy when rising or standing up from a kneeling or sitting position..... | 0 | 1 | 2 | 3 |
| 9. Have diarrhea or bouts of nausea with or without vomiting for no apparent reason..... | 0 | 1 | 2 | 3 |
| 10. Have headaches..... | 0 | 1 | 2 | 3 |

Total points: _____

Section D:

- 1. Have trouble organizing my thoughts.....0 1 2 3
- 2. Get easily distracted and lose focus.....0 1 2 3
- 3. Have difficulty making decisions and mistrust my judgment.....0 1 2 3
- 4. Feel depressed and apathetic.....0 1 2 3
- 5. Lack the motivation and energy to stay on task and pay attention.....0 1 2 3
- 6. Am forgetful.....0 1 2 3
- 7. Feel unsettled, restless, and anxious.....0 1 2 3
- 8. Wake up tired and unrefreshed.....0 1 2 3
- 9. Experience heartburn and indigestion.....0 1 2 3
- 10. Catch colds or infections easily.....0 1 2 3

Total points: _____

Section E:

- 1. Feel tired for no apparent reason.....0 1 2 3
- 2. Experience lingering mild fatigue after exertion or physical activity.....0 1 2 3
- 3. Find it difficult to concentrate and complete tasks.....0 1 2 3
- 4. Feel depressed and apathetic.....0 1 2 3
- 5. Feel cold or chilled – hands, feet, or all over – for no apparent reason.....0 1 2 3
- 6. Have little or no interest in sex.....0 1 2 3
- 7. Sweat spontaneously during the day.....0 1 2 3
- 8. Feel puffy and retain fluids.....0 1 2 3
- 9. Sleep more than nine hours a night.....0 1 2 3
- 10. Have poor muscle tone.....0 1 2 3
- 11. Have trouble losing weight.....0 1 2 3
- 12. Wake up tired even though I seem to get plenty of sleep.....0 1 2 3
- 13. Have no energy and feel physically weak.....0 1 2 3
- 14. Am susceptible to colds and the flu.....0 1 2 3
- 15. Feel dragged down by multiple symptoms, such as poor digestion and body aches.....0 1 2 3

Total points: _____

Add points from sections A, B & C	Total for A, B & C: _____
Add points from sections C, D & E	Total for C, D & E: _____

Lifestyle and Health Status:

1. Circle the level of stress you experience on the scale of 1-10, 10 being the worst:
 1 2 3 4 5 6 7 8 9 10
2. What do you consider to be the major causes of your stress (for example — spouse, family, friends, work, finances, wedding, pregnancy, legal, commute):

3. I eat breakfast _____ times a week. My typical breakfast is: _____
4. I take a multiple vitamin/mineral _____ days per week. I take a fish oil supplement _____ days per week.
5. I participate in 30 minutes of physical activity such as walking, aerobics (e.g., running), resistance training (e.g., weights, pilates), sports (e.g. biking), or yoga:
 Daily 5-6 times per week 3-4 times per week 1-2 times per week Less than once a w
6. I smoke _____ cigarettes daily.
7. I drink two or more 8 ounce cups of caffeinated coffee or other caffeinated beverages like energy/diet drinks, colas, or black or green teas:
 Daily 5-6 times per week 3-4 times per week 1-2 times per week Less than once a w
8. I drink two or more ounces of alcoholic beverages:
 Daily 5-6 times per week 3-4 times per week 1-2 times per week Less than once a w
9. List your current health problems and any over-the-counter or prescription medications that you are now taking:

Current health problem(s)	Date of onset	List all current medication(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Identi-T™ Stress Assessment Score Card



Use this form for each patient that completes an Identi-T Stress Assessment.
Repeat assessment regularly to evaluate progress.

Patient Name: _____ Assessment Date: _____ Initial Follow-up

Record requested data from assessment to the appropriate spaces below. Add or subtract where indicated.

EUSTRESS OR PROLONGED STRESS

A+B+C = _____

C+D+E = _____

- Review sums for symptom frequency to distinguish if eustress or prolonged stress.

ADRENAL STRESS

C = _____

- Adrenal stress may also be present with eustress or prolonged stress.

PROLONGED STRESS: HPA RESPONSE

Difference between A+B+C & C+D+E = _____

- For prolonged stress only, determine if HPA response path is overactive (A+B+C) or inadequate (C+D+E) based on higher sum.

OVERACTIVE HPA RESPONSE TYPES

A = _____

B = _____

- If difference between A+B+C and C+D+E is less than 5, then look for higher number of 3 responses within A+B or D+E to help determine HPA path.

INADEQUATE HPA RESPONSE TYPES

D = _____

E = _____

- Select appropriate stress response type (A,B,D, or E) within the higher HPA path.

SLEEPLESS

A12 = _____

A13 = _____ B7 = _____

- Identify sleep response possibly related to stress (if any "3" responses are present).

OVERSLEEPS

D8 = _____

E9 = _____ E12 = _____

- Review lifestyle questions and make recommendations.

STRESS RESPONSE	STRESS RESPONSE TYPE	STRESS RELIEF SUPPORT*	CONSIDER ADDITIONAL SUPPORT*
<input type="checkbox"/> EUSTRESS If A+B+C ≤ 35 and C+D+E ≤ 35	Occasionally Stressed	NuSera®	
<input type="checkbox"/> ADRENAL STRESS If C > 10	Hot	Licorice Plus®	<input type="checkbox"/> If C > 21, then consider adding: Cortico B₅B₆ ®
<input type="checkbox"/> PROLONGED STRESS If A+B+C > 35 or C+D+E > 35			
<input type="checkbox"/> OVERACTIVE HPA Response If A+B+C > C+D+E	<input type="checkbox"/> Wired If A > B OR <input type="checkbox"/> Worried If B > A	Serenagen® OR Tran-Q®	<input type="checkbox"/> If A+B+C > 63, consider adding (to either at left): Trancor ®
<input type="checkbox"/> INADEQUATE HPA Response If C+D+E > A+B+C	<input type="checkbox"/> Mentally Fatigued If D > E OR <input type="checkbox"/> Tired If E > D	Exhilarin® OR Adreset®	<input type="checkbox"/> If C+D+E > 63, consider adding (to either at left): Licorice Plus ®

SLEEP RECOMMENDATIONS	WELLNESS RECOMMENDATIONS
<input type="checkbox"/> Evaluate sleep further to assess need for nutritional support.*	<input type="checkbox"/> Multivitamin: _____
<input type="checkbox"/> Continue existing sleep support regimen.*	<input type="checkbox"/> Omega-3: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Lifestyle/Stress Program: _____

Notes: _____

* These statements have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure, or prevent any disease.

Interpreting the Identi-T™ Stress Assessment

This personalized, psychological questionnaire assists you in evaluating perceived emotional and cognitive distress by tracking symptom frequency. Use this subjective data, along with your other health evaluation tools, to distinguish between stress response types and make successful lifestyle and nutritional recommendations to help restore balance and increase resilience to stress.*

STEP 1. Distinguish between Eustress or Prolonged Stress, and independently evaluate if Adrenal Stress is present with either.

Eustress ($A+B+C \leq 35$ and $C+D+E \leq 35$)

- The anticipated, normal response to life challenges.
- These patients experience milder, less frequent *mood and cognitive-related symptoms* typical of situational stress.
- Stress response type: **OCCASIONALLY STRESSED**.

Adrenal Stress ($C > 10$)

- Displays physical and psychological changes that are linked with fluctuations in cortisol output.
- Frequently associated with Prolonged Stress, but a person may show adrenal stress symptoms (e.g., minor pain) when in Eustress or if physically unwell.
- Also refer to MSQ Detox, HAQ, and health for other factors that influence adrenal function and stress tolerance.
- Stress response type: **HOT**.

Prolonged Stress ($A+B+C > 35$ or $C+D+E > 35$)

- Frequent or more intense psychological changes related to the continual activation of the HPA axis.
- This type of stress affects sleep and daily living.
- Stress response types (see Step 2): **WIRED, WORRIED, MENTALLY FATIGUED, or TIRED**.

STEP 2. Distinguish between 2 paths of Prolonged Stress.

Overactive HPA Response ($A+B+C > 35$)

- Results in excess exposure to acute stress hormones (e.g., cortisol, ACTH, CRH).
- May manifest as mental restlessness (**WORRIED**) or anxiety (**WIRED**). Often experience occasional sleep difficulties.

Inadequate HPA Response ($C+D+E > 35$)

- Results in “burnout” or an underproduction of stress hormones that prevents the body from reacting appropriately to stressors.
- Manifests as poor concentration (**MENTALLY FATIGUED**) or low energy (**TIRED**). Oversleeping is also common.

STEP 3. Recommend nutritional support for stress relief based on each patient’s Stress Response Type(s).*

- Each stress response type may be addressed with specific Metagenics formulas featuring novel combinations of nutrients and herbal adaptogens.*
- Formula ingredients have targeted calming or invigorating properties to support balanced HPA activity. Adaptogens also possess broad effects to promote balanced physiology and nonspecific resistance to stress.*
- Additional support: HPA path scores over 63 ($A+B+C$ or $C+D+E$) warrant consideration of targeted nutritional support.*
- Additional support: Adrenal response (C) scores over 21 may also indicate need for targeted nutritional support.*

OTHER CONSIDERATIONS

Sleep Patterns & Lifestyle Habits. Review sleep and lifestyle questions to determine need for further evaluations and additional protocols to bolster stress resilience.*

- This is not a comprehensive sleep evaluation or lifestyle assessment, but it helps you quickly identify if eating habits, lifestyle choices, and sleep patterns are contributing to the ongoing HPA axis activation.
- Stress protocols often help improve sleep quality without additional support.*
- There may be a need for foundation supplementation and/or nutritional support for sleep.*
- Some patients may benefit from a more comprehensive program (“Program Guide: Stress Management”).

