



UrbanNourish

Place an X next to each symptom that you identify with:

PART I

_____ Do you have a tendency to be negative, to see the glass as half-empty rather than half-full? Do you have dark, pessimistic thoughts?

_____ Are you often worried and anxious?

_____ Do you have feelings of low self-esteem and lack confidence? Do you easily get to feeling self critical and guilty?

_____ Do you have obsessive, repetitive, angry or useless thoughts that you just can't turn off—for instance when you're trying to sleep?

_____ Does your behavior often get a bit or a lot obsessive? Is it hard for you to make transactions, to be flexible? Are you a perfectionist, a neatnik, or a control freak? A computer, TV or work addict?

_____ Are you apt to be irritable, impatient, edgy or angry?

_____ Do you tend to be shy or fearful? Do you get nervous or panicky about heights, flying, enclosed spaces, public performances, spiders, snakes, bridges, crowds, leaving the house or anything else?

_____ Have you had anxiety attacks or panic attacks (your heart races, it's hard to breath)

_____ Do you get PMS or menopausal moodiness (tears, anger, depression)?

_____ Do you hate hot weather?

_____ Are you a night owl, or do you often find it hard to get to sleep even though you want to?

_____ Do you wake up in the night, have restless or light sleep or wake up too early in the morning?

_____ Do you routinely like to have sweet or starchy snacks, wine or marijuana in the afternoons, evenings, or in the middle of the night (but not earlier in the day)?

_____ Do you find relief from any of the above symptoms through exercise?

_____ Have you had fibromyalgia (unexplained muscle pain) or TMJ (pain, tension, and grinding associated with your jaw)?

_____ Have you had suicidal thoughts or plans?

PART II

_____ Do you often feel depressed---the flat, bored, apathetic kind?

_____ Are you low on physical or mental energy? Do you feel tired a lot, have to push yourself to exercise?

_____ Is your drive, enthusiasm, and motivation quota on the low side?

_____ Do you have difficulty focusing or concentrating?

_____ Do you need a lot of sleep? Are you slow to wake up in the morning?

_____ Are you easily chilled? Do you have cold feet or hands?

_____ Do you tend to put on weight too easily?

_____ Do you feel the need to get more alert and motivated by consuming a lot of coffee or other "uppers" like sugar, diet soda, ephedra or cocaine?

PART III

_____ Do you often feel overworked, pressured, or deadlined?

_____ Do you have trouble relaxing or loosing up?

_____ Does your body tend to be stiff, uptight, and tense?

_____ Are you easily upset, frustrated, or snappy under stress?

_____ Do you often feel overwhelmed or as though you just can't get it all done?

_____ Do you feel weak or shaky at times?

_____ Are you sensitive to bright light, noise, or chemical fumes? Do you need to wear dark glasses a lot?

_____ Do you feel significantly worse if you skip meals or go too long without eating?

_____ Do you use tobacco, alcohol, food or drugs to relax and calm down?

PART IV

_____ Do you consider yourself or do others consider you to be very sensitive? Does emotional pain or perhaps physical pain really get to you?

_____ Do you tear up or cry easily—for instance, even during TV commercials?

_____ Do you tend to avoid dealing with painful issues?

_____ Do you find it hard to get over losses or get through grieving?

_____ Have you been through a great deal of physical or emotional pain?

_____ Do you crave pleasure, comfort, reward, enjoyment, or numbing from treats like chocolate, bread, wine, romance novels, marijuana, tobacco or lattes?