

To use this template, first make a copy [by clicking here](#). Template by Andy Johns.

Physiological Assessment		
Respiratory	Shortness of breath / hyperventilation	<input type="checkbox"/>
	Feeling of tightness in chest	<input checked="" type="checkbox"/>
	Pausing to take deep breaths	<input checked="" type="checkbox"/>
Cardiovascular	Elevated resting heart rate	<input checked="" type="checkbox"/>
	Feeling of heart "pounding"	<input checked="" type="checkbox"/>
	High blood pressure	<input type="checkbox"/>
Endocrine System	Chronic fatigue	<input type="checkbox"/>
	Weakened immune system / frequent illness	<input checked="" type="checkbox"/>
Gastrointestinal System	Recurrent pain, bloating, or gut discomfort	<input type="checkbox"/>
	Heartburn or acid reflux	<input type="checkbox"/>
	Sudden changes in appetite / stress eating	<input checked="" type="checkbox"/>
	Constipation / digestion issues	<input type="checkbox"/>
Nervous System	Feelings of "fight or flight"	<input checked="" type="checkbox"/>
	Emotional swings	<input checked="" type="checkbox"/>
	Irritability	<input checked="" type="checkbox"/>
Reproductive System	Lower libido or compromised sexual performance	<input type="checkbox"/>
	Absent or irregular menstruation cycles	<input type="checkbox"/>
	Fertility issues	<input type="checkbox"/>
Behavior Assessment		
Substances	Multiple stimulants (e.g. coffee) per day	<input type="checkbox"/>
	Use of sleep aids (e.g. melatonin, prescriptions, etc.)	<input type="checkbox"/>
	Use of psychiatric medication for anxiety/depression	<input checked="" type="checkbox"/>
	Substance use for "numbing out" (alcohol, cannabis, etc.)	<input checked="" type="checkbox"/>
Behaviors	Compulsive use of social media to "tune out"	<input checked="" type="checkbox"/>
	Compulsive shopping, gambling, dating/sex, etc.	<input type="checkbox"/>
	Relationship(s) lost or damaged due to work demands	<input checked="" type="checkbox"/>
	Zero or insufficient time/energy for exercise	<input checked="" type="checkbox"/>
	Zero or insufficient time/energy for other forms of self-care	<input checked="" type="checkbox"/>
	Zero or insufficient time/energy for hobbies	<input checked="" type="checkbox"/>
	Increased social isolation	<input checked="" type="checkbox"/>