



Holistic Self-Assessment

You can print out this self-assessment tool to help you look at the effects of stress on your life and ways you may be trying to minimize that stress – some positive, some not.

1. Let’s consider some of the ways that feeling stress about your upcoming surgery may affect your well-being. Stress can take many forms: you may feel anxious or depressed, tired or restless, or experience sleep or digestive problems.

Circle your answers on a scale of 1 (not at all) to 8 (to a great degree).

Depressed	1	2	3	4	5	6	7	8
Anxious	1	2	3	4	5	6	7	8
Digestive Problems	1	2	3	4	5	6	7	8
Restless	1	2	3	4	5	6	7	8
Pain	1	2	3	4	5	6	7	8
Fatigue	1	2	3	4	5	6	7	8
Sleep Problems	1	2	3	4	5	6	7	8

2. Now let’s look at ways you may be handling these stress-related issues.

- What types of exercises do you do? _____

- Do you smoke? Yes No If yes, how much: _____
- Do you drink alcohol? Yes No If yes, how much: _____
- Do you have any general strategies to help you relax such as taking a walk, listening to music, doing a hobby, exercising, reading a book or talking with a friend?

Please list the things that you do to help you relax:

Which ones, if any, are working?

- Do you have special healing practices from your culture or your religion that you use?

- Do you regularly practice any of these relaxation techniques? Check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Yoga | <input type="checkbox"/> Progressive Muscle Relaxation | <input type="checkbox"/> Guided Imagery |
| <input type="checkbox"/> Meditation | <input type="checkbox"/> Self-Hypnosis | <input type="checkbox"/> Tai Chi |
| <input type="checkbox"/> Deep Breathing | <input type="checkbox"/> Other | |

If so, write down which ones are helping you and how they are helping (such as you're sleeping better, feeling less tired, are less anxious, or other results).

- Please check those people in the groups below who can support you and help you before surgery and during your recovery.

- | | | |
|--|------------------------------------|----------------------------------|
| <input type="checkbox"/> Significant Other | <input type="checkbox"/> Family | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Clergy | <input type="checkbox"/> Neighbors | <input type="checkbox"/> Others |

What are your concerns about your upcoming surgery or procedure? Talking about them to your healthcare professional or a friend, or writing them down may help alleviate some of your anxiety.
