



My Pattern of Tension

Name: _____

Date: _____

Review this checklist of symptoms to help you find the level(s) where you have the most tension. Check the ones that apply to you.

Muscular Tension

How long have you struggles with these symptoms? _____

- | | |
|--|---|
| <input type="radio"/> <i>Muscle spasms</i> | <input type="radio"/> <i>Headaches</i> |
| <input type="radio"/> <i>Neck aches</i> | <input type="radio"/> <i>Tight jaw</i> |
| <input type="radio"/> <i>Backaches</i> | <input type="radio"/> <i>Bruxism (grinding teeth)</i> |
| <input type="radio"/> <i>Tight shoulders</i> | <input type="radio"/> <i>Muscular tension</i> |
| <input type="radio"/> <i>Bad posture</i> | <input type="radio"/> <i>Nervous tics</i> |
| <input type="radio"/> <i>Leg cramps</i> | <input type="radio"/> <i>Tremors</i> |

Autonomic Nervous System Tension

How long have you struggles with these symptoms? _____

- | | |
|---|---|
| <input type="radio"/> <i>Indigestion</i> | <input type="radio"/> <i>Shallow or rapid breathing</i> |
| <input type="radio"/> <i>Irritable bowel</i> | <input type="radio"/> <i>Migraines</i> |
| <input type="radio"/> <i>Chronic constipation</i> | <input type="radio"/> <i>Sweaty hands</i> |
| <input type="radio"/> <i>Chronic diarrhea</i> | <input type="radio"/> <i>Cold hands</i> |
| <input type="radio"/> <i>High blood pressure</i> | <input type="radio"/> <i>Excessive sweating</i> |
| <input type="radio"/> <i>Heart palpitations</i> | |

Emotional Tension

How long have you struggles with these symptoms? _____

- | | |
|---|--|
| <input type="radio"/> <i>Hostility</i> | <input type="radio"/> <i>Anxiety</i> |
| <input type="radio"/> <i>Irritability</i> | <input type="radio"/> <i>Temper outburst</i> |
| <input type="radio"/> <i>Anger</i> | <input type="radio"/> <i>Fears</i> |
| <input type="radio"/> <i>Sadness</i> | <input type="radio"/> <i>Depression</i> |
| <input type="radio"/> <i>Crying spells</i> | <input type="radio"/> <i>Frustration</i> |
| <input type="radio"/> <i>Discouragement</i> | <input type="radio"/> <i>Phobias</i> |
| <input type="radio"/> <i>Hopelessness</i> | |



Mental Tension

How long have you struggles with these symptoms? _____

- | | |
|---|---|
| <input type="radio"/> <i>Distraction</i> | <input type="radio"/> <i>Limited perception</i> |
| <input type="radio"/> <i>Poor concentration</i> | <input type="radio"/> <i>Racing thoughts</i> |
| <input type="radio"/> <i>Intruding thoughts</i> | <input type="radio"/> <i>Confusion</i> |
| <input type="radio"/> <i>Obsessive thinking</i> | <input type="radio"/> <i>Worry</i> |
| <input type="radio"/> <i>Forgetfulness</i> | <input type="radio"/> <i>Indecision</i> |
| <input type="radio"/> <i>Preoccupation</i> | <input type="radio"/> <i>Weak memory</i> |

Spiritual Tension

How long have you struggles with these symptoms? _____

- | | |
|--|---|
| <input type="radio"/> <i>Lack of purpose</i> | <input type="radio"/> <i>Alienation</i> |
| <input type="radio"/> <i>Lack of inspiration</i> | <input type="radio"/> <i>Loneliness</i> |
| <input type="radio"/> <i>Lack of goals and direction</i> | <input type="radio"/> <i>Cynicism</i> |
| <input type="radio"/> <i>Disconnection</i> | <input type="radio"/> <i>Lack of dreams</i> |
| <input type="radio"/> <i>Vague depression</i> | <input type="radio"/> <i>Boredom</i> |

General Symptoms of Tension

How long have you struggles with these symptoms? _____

- | | |
|--|---|
| <input type="radio"/> <i>Difficulty falling to sleep</i> | <input type="radio"/> <i>Low energy</i> |
| <input type="radio"/> <i>Restless sleep</i> | <input type="radio"/> <i>Paper shuffling</i> |
| <input type="radio"/> <i>Difficulty waking up</i> | <input type="radio"/> <i>Disorganization</i> |
| <input type="radio"/> <i>Excessive sleeping</i> | <input type="radio"/> <i>Decreased productivity</i> |
| <input type="radio"/> <i>Use of caffeine</i> | <input type="radio"/> <i>Procrastination</i> |
| <input type="radio"/> <i>Nervous eating</i> | <input type="radio"/> <i>Constant working</i> |
| <input type="radio"/> <i>Loss of appetite</i> | <input type="radio"/> <i>Weight loss/gain</i> |
| <input type="radio"/> <i>Craving for junk food</i> | <input type="radio"/> <i>Accident proneness</i> |
| <input type="radio"/> <i>Fatigue</i> | <input type="radio"/> <i>Increased conflict with others</i> |