

The Fight or Flight Questionnaire

FightorFlightTherapy.com

Instructions:

Choose a number from 0-5 that best represents the amount of difficulty, or the severity of problem, you tend to have for each item listed. Don't dwell on any particular question. If you're not sure, go with your gut feeling.

If it's variable, indicate how bad a problem it can be. If you are successful at avoiding the problem, indicate how much difficulty you would have if you couldn't avoid it.

- 0 = zero difficulty or problem
1 = slight difficulty or problem
2 = more than slight difficulty or problem
3 = moderate difficulty or problem
4 = a lot of difficulty or problem
5 = severe difficulty or problem

I. Behaviors

Do you have difficulties or problems with:

- | | |
|---|--|
| <input type="checkbox"/> stress | <input type="checkbox"/> being easily startled |
| <input type="checkbox"/> mental clarity | <input type="checkbox"/> hypersensitivity to sound or light |
| <input type="checkbox"/> maintaining your focus | <input type="checkbox"/> feeling confused or fragmented |
| <input type="checkbox"/> being easily distracted | <input type="checkbox"/> memory or recall |
| <input type="checkbox"/> organizing your thoughts | <input type="checkbox"/> following directions |
| <input type="checkbox"/> organizing your life | <input type="checkbox"/> little things that make you frustrated or angry |
| <input type="checkbox"/> change | <input type="checkbox"/> feeling frightened for no apparent reason |
| <input type="checkbox"/> fatigue or lack of energy | <input type="checkbox"/> irritability |
| <input type="checkbox"/> feeling frustrated or stuck | <input type="checkbox"/> being overly sensitive or defensive |
| <input type="checkbox"/> feeling anxious | <input type="checkbox"/> being reactive: 'reacting' instead of thoughtfully 'responding' |
| <input type="checkbox"/> feeling overwhelmed | <input type="checkbox"/> crying easily |
| <input type="checkbox"/> feeling impatient | <input type="checkbox"/> persistent or excessive sweating |
| <input type="checkbox"/> panic attacks | <input type="checkbox"/> depression |
| <input type="checkbox"/> excessive worry | <input type="checkbox"/> winter depression SAD (Seasonal Affective Disorder) |
| <input type="checkbox"/> shallow breathing | <input type="checkbox"/> seeing your options |
| <input type="checkbox"/> feeling disoriented | <input type="checkbox"/> making decisions |
| <input type="checkbox"/> feeling out of control | <input type="checkbox"/> seeing the 'big picture' |
| <input type="checkbox"/> feeling 'frozen' | <input type="checkbox"/> getting a good night's sleep |
| <input type="checkbox"/> being overcautious or hyper-vigilant | |

____ Total Section I.

II. Driving:

Do you tend to be:

- uncomfortable in heavy traffic?
- uncomfortable when changing lanes?
- sometimes surprised by cars around or behind you?

Do you tend to:

- bump the curb or other cars while driving or parking?
- have trouble parking your car straight?
- have trouble judging distances when driving, parking, or passing other vehicles?
- find driving a task that requires effort and concentration, rather than relaxing?

____ Sec. II Total

III. Concentration:

- Do you find it difficult to concentrate on your job, schoolwork or projects?
- Do you have any difficulty with concentration and/or comprehension when you read?
- Do you have eye fatigue that affects your job, schoolwork or reading enjoyment?
- When concentrating, if distracted or interrupted does it require effort for you to regain your concentration?
- Do you tend to procrastinate?
- Do you have difficulty starting projects?
- Do you have difficulty completing projects?
- Do you have difficulty multi-tasking, usually having to concentrate on tasks individually?

____ Sec. III Total

IV. Orientation:

- Do you tend to be uncomfortable in crowds and groups?
- Would you consider yourself 'directionally challenged'?
- When you misplace something, do you frequently find it in a place you already looked?
- Do you sometimes have difficulty finding an item on a crowded supermarket shelf?
- Do you tend to bump into things, trip or miss a curb or stair, or bang your head when ducking under things?
- Do you sometimes feel or function as if you have tunnel vision?
- Do you tend to be a little clumsy?
- Do you experience motion sickness, nausea, or dizziness?

IV Total

V. Lighting:

- Are you bothered by lights or glare?
- Do you have trouble with night vision or night driving?
- Do fluorescent lights bother you?

V Total

VI. Pain:

- Headaches: frequency?
- Headaches: severity?
- Other chronic physical pain: severity?

VI Total

VII. Trauma:

- Have you ever suffered any significant physical, mental, emotional, sexual, birth, medical, or other kind of trauma? (grade: 0 = none to 5 = severe)
- To what degree do you feel these traumas are still causing difficulties in your life today?

VII Total

VIII. Stress:

VIII On a scale of **1-10**, what does your stress level tend to be, with '1' being a laid-back beach bum and '10' being an air traffic controller who is the single mother of three? (1-10)

TOTAL SCORE: _____

How did you do?

Most highly functioning people score 50 or less.
Many people score 30 or less, some even below 10.

Is **Fight or Flight Therapy** right for you?

Ask yourself, what would your life look like if your score was cut in half? Or even less!
In most cases, that is a very achievable goal with **Fight or Flight Therapy**.

FREE ANALYSIS

Use the link on the Questionnaire page to send this form for your free analysis of how you might benefit from a program of **Fight or Flight Therapy**.

Your contact information:

First name: _____ age: ____ date: _____
Last name (optional) _____
phone: _____
e-mail: _____

Briefly, any additional information you'd like to include:
