DVIF&G
Delaware Valley Institute of Fertility & Genetics
6000 Sagemore Drive, Suite 6102, Marlton, NJ 08053 • 856-988-0072 • Fax: 856-988-0056

STRESS MANAGEMENT AT DVIF&G

The effect of stress on reproduction have been well documented. Stress levels amplify during infertility treatment. We are dedicated in our practice to remove the cycle of stress in order to achieve your goals of fertility sooner.

You can help accelerate your process of treatment by filling out this simple stress test. Evaluate the results yourself. Your doctor will assist you with interpreting these results after all your medical tests have been completed. This tool will help us create a program of treatment to fit your specific needs. If appropriate, counseling services will be made available to you. Karen Ann Brook, LCSW, is our social worker who can help you navigate through the maze of infertility toward achieving your goal.

The staff at DVIF&G has your success as our focus. All aspects that contribute to the problem of infertility are addressed and no effort is spared for a successful outcome.

Name _____ Partner Name _____ Date_____

Please check the box which best describes how well you are doing in your marital/significant other relationship.

0☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐	8☐	9☐
Not Applicable	Cannot Function		Serious Problems		Moderate Problems		Mild Problems		No Problems

Please check the box which best describes how well you are doing in your family relationships.

0☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐	8☐	9☐
Not Applicable	Cannot Function		Serious Problems		Moderate Problems		Mild Problems		No Problems

Please check the box which best describes how well you are doing in relationships with people outside your family.

0☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐	8☐	9☐
Not Applicable	Cannot Function		Serious Problems		Moderate Problems		Mild Problems		No Problems

Please check the box which best describes your current physical health.

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐
Very Poor									Excellent

Please check the box which best describes your general happiness and well-being.

0 ☐	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐
Very Poor									Excellent

Please check the box which best describes how well you are doing on your job.

0☐	1☐	2☐	3☐	4☐	5☐	6☐	7☐	8☐	9☐
Not Working	Cannot Function		Serious Problems		Moderate Problems		Mild Problems		No Problems

Please rate how much you were affected by the following in the week before your first appointment:

	Extreme	Severe	Moderate	Mild	None
Concerns about your body or physical health	☐	☐	☐	☐	☐
Thoughts or behaviors you do over and over again	☐	☐	☐	☐	☐
Unusually high energy	☐	☐	☐	☐	☐
Feeling sad, blue, or depressed	☐	☐	☐	☐	☐
Anxiety, nerves, or tension	☐	☐	☐	☐	☐
Anger, hostility, or irritability	☐	☐	☐	☐	☐
Fears of things or places	☐	☐	☐	☐	☐
Beliefs that others want to hurt you	☐	☐	☐	☐	☐
Drinking too much or drugs	☐	☐	☐	☐	☐
Unreal, strange, or “bizarre” thoughts	☐	☐	☐	☐	☐

COMMENTS (For office use only)

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