

STRESS INDICATORS QUESTIONNAIRE

This questionnaire will show how stress affects different parts of your life. Circle the response which best indicates how often you experience each stress indicator during a typical week.

When you have answered all the questions add the point totals for each section.

- 5- Almost Always (on five days a week)
- 4- Most of the time (on three days a week)
- 3- Some of the time (on one and one-half days a week)
- 2- Almost never (less than two hours a week)
- 1- Never

PHYSICAL INDICATORS: How often would you say:

	Most Almost always	Some of the time	Some of the time	Almost never	Never
My body feels tense all over.	5	4	3	2	1
I have a nervous sweat or sweaty palms.	5	4	3	2	1
I have a hard time feeling really relaxed.	5	4	3	2	1
I have severe or chronic lower back pain.	5	4	3	2	1
I get severe or chronic headaches.	5	4	3	2	1
I get tension or muscle spasms in my face, jaw, neck or shoulders.	5	4	3	2	1
My stomach quivers or feels upset.	5	4	3	2	1
I get skin rashes or itching.	5	4	3	2	1

I have problems with my bowels (constipation, diarrhea).	5	4	3	2	1
I need to urinate more than most people.	5	4	3	2	1
My ulcer bothers me.	5	4	3	2	1
I feel short of breath after mild exercise like climbing up four flights of stairs.	5	4	3	2	1
Compared to most people, I have a very small or a very large appetite.	5	4	3	2	1
My weight is more than 15 pounds higher than what is recommended for a person my height and build.	5	4	3	2	1
I smoke tobacco.	5	4	3	2	1
I get sharp chest pains when I'm physically active.	5	4	3	2	1
I lack physical energy.	5	4	3	2	1
When I'm resting, my heart beats more than 100 times a minute.	5	4	3	2	1
Because of my busy schedule I miss at least two meals during the week.	5	4	3	2	1
I don't really plan my meals for balanced nutrition.	5	4	3	2	1
I spend less than 3 hours a week getting vigorous physical exercise (running, playing basketball, tennis, swimming, etc).	5	4	3	2	1

Physical Indicators Point total _____

SLEEP INDICATORS: How often would you say:

I have trouble falling asleep.	5	4	3	2	1
I take pills to get to sleep.	5	4	3	2	1
I have nightmares or repeated bad dreams.	5	4	3	2	1
I wake up at least once in the middle of the night for no apparent reason.	5	4	3	2	1
No matter how much sleep I get, I awake feeling tired.	5	4	3	2	1

Sleep Indicators Point Total _____

BEHAVIORAL INDICATORS: How often would you say:

I stutter or get tongue tied when I talk to other people.	5	4	3	2	1
I try to work while I'm eating lunch.	5	4	3	2	1
I have to work late.	5	4	3	2	1
I go to work even when I feel sick.	5	4	3	2	1
I have to bring work home.	5	4	3	2	1
I drink alcohol or use drugs to relax.	5	4	3	2	1
I have more than two beers, eight ounces of wine or three ounces of hard liquor a day.	5	4	3	2	1

When I drink, I like to get really drunk.	5	4	3	2	1
I get drunk or "high" with other drugs more than once a week.	5	4	3	2	1
When I'm feeling high from alcohol or drugs I will drive a motor vehicle.	5	4	3	2	1
I tend to stumble when walking, or have more accidents than other people.	5	4	3	2	1
In any given week, I take at least one prescription drug without the recommendation of a physician, e.g. amphetamines, barbiturates.	5	4	3	2	1
I have problems with my sex life.	5	4	3	2	1
At least once during the week I will make bets for money.	5	4	3	2	1
After dinner I spend more time alone or watching TV than I do talking with my family or friends.	5	4	3	2	1
I arrive at work late.	5	4	3	2	1
At least once during the week I have a shouting match with a co-worker or supervisor.	5	4	3	2	1

Behavioral Indicators Point Total _____

EMOTIONAL INDICATORS: How often would you say:

Most Some
 Almost of the of the Almost
always time time never Never

I have found the best way to deal with hassles and problems is to consciously avoid thinking or talking about them.	5	4	3	2	1
I have trouble remembering things.	5	4	3	2	1
I feel anxious or frightened about problems I can't really describe.	5	4	3	2	1
I worry a lot.	5	4	3	2	1
It is important for me not to show my emotions to my family.	5	4	3	2	1
It is hard for me to relax at home.	5	4	3	2	1
It's best if I don't tell even my closest friend how I'm really feeling.	5	4	3	2	1
I find it hard to talk when I get excited.	5	4	3	2	1
I feel very angry inside.	5	4	3	2	1
I have temper outbursts I can't control.	5	4	3	2	1
When people criticize me, even in friendly, constructive way, I feel offended.	5	4	3	2	1
I feel extremely sensitive and irritable.	5	4	3	2	1

My emotions change unpredictably and without any apparent reason.	5	4	3	2	1
I feel like I really can't trust anyone.	5	4	3	2	1
I feel like other people don't understand me.	5	4	3	2	1
I really don't feel good about myself.	5	4	3	2	1
Generally I am not optimistic about my future.	5	4	3	2	1
I feel very tired and disinterested in life.	5	4	3	2	1
Impulsive behavior has caused me problems.	5	4	3	2	1
I have felt so bad that I thought of hurting myself.	5	4	3	2	1
When I have an important personal problem I can't solve myself, I do not seek professional help.	5	4	3	2	1

Emotional Indicator Point Total _____

No single question in this questionnaire proves you are experiencing stress, but by looking at the results of groups of questions, it may be possible to define what areas of your life stress affects the most. To determine these areas, add the circled numbers in each section and mark the point total for each section with an "X" on the appropriate dotted line below.

PERSONAL STRESS LEVELS

	Very Low	Medium	High	Very High	Danger
Physical Indicators					
Point Total	22.....	30.....	38.....	48.....	54+
Sleep Indicators					
Point Total	5.....	8.....	10.....	12.....	14+
Behavior Indicators					
Point Total	18.....	27.....	36.....	45.....	50+
Emotional Indicators					
Point Total	21.....	29.....	37.....	46.....	55+
Personal Habits					
Point Total	9.....	15.....	20.....	25.....	30+

Note the areas where you showed "very high" or "danger" levels of stress. These are problem areas you should focus on when you develop your Personal Stress Management Plan. If you have no points totals in the "very high" or "danger" zones, congratulations- you are doing a very good job of managing stress. In your Personal Stress Management plan, focus on:

1) building stress resources and 2) stress prevention through aerobic exercise, relaxation, nutrition and sleep.

- Early Warning Signs

On the lines below, write the three signs which occur earliest and most regularly when you're under stress. You may want to look back at your questionnaire to get an idea of what your early warning signs are. These signs give advance notice of being stressed and allow you to identify what causes you stress, and to take action before serious problems result.

1. _____
2. _____
3. _____

Date Questionnaire Completed _____
(Keep this completed questionnaire for your future use)