

Survey of Stress Symptoms

Check each symptom that you have experienced within the last month, then count the number of items that you have checked. The symptoms must be experienced to a level that you identify as critical.

Psychological Symptoms

<input type="checkbox"/> anxiety	<input type="checkbox"/> loneliness
<input type="checkbox"/> depression	<input type="checkbox"/> intrusive thoughts
<input type="checkbox"/> difficulty concentrating	<input type="checkbox"/> relationship problems
<input type="checkbox"/> forgetfulness	<input type="checkbox"/> family problems
<input type="checkbox"/> agitation, hyper	<input type="checkbox"/> work problems
<input type="checkbox"/> feeling overwhelmed	<input type="checkbox"/> irritability
<input type="checkbox"/> irrational thoughts/fears	<input type="checkbox"/> excessive worry/obsessing
<input type="checkbox"/> compulsive	<input type="checkbox"/> feelings of guilt
<input type="checkbox"/> confusion	<input type="checkbox"/> tearful
<input type="checkbox"/> feelings of unreality	<input type="checkbox"/> nightmares
<input type="checkbox"/> feeling of being detached from oneself	<input type="checkbox"/> social isolation/withdrawal
<input type="checkbox"/> restlessness/on edge	<input type="checkbox"/> apathy/indifference
<input type="checkbox"/> mood swings	<input type="checkbox"/> sexual dysfunction

Physical Symptoms

<input type="checkbox"/> headaches	<input type="checkbox"/> fatigue
<input type="checkbox"/> muscle tension	<input type="checkbox"/> high blood pressure
<input type="checkbox"/> low back pain	<input type="checkbox"/> sleep disturbance
<input type="checkbox"/> upper back, neck or shoulder pain	<input type="checkbox"/> appetite disturbance
<input type="checkbox"/> clenching teeth	<input type="checkbox"/> diarrhea
<input type="checkbox"/> abdominal stress	<input type="checkbox"/> digestive problems
<input type="checkbox"/> nausea	<input type="checkbox"/> constipation
<input type="checkbox"/> shaking or trembling	<input type="checkbox"/> rash/hives/shingles
<input type="checkbox"/> numbness or tingling	<input type="checkbox"/> use of alcohol/cigarettes or other drugs to deal with stress
<input type="checkbox"/> feeling of choking	<input type="checkbox"/> bowel problems
<input type="checkbox"/> chills or hot flashes	<input type="checkbox"/> thyroid dysfunction
<input type="checkbox"/> sweating	<input type="checkbox"/> other stress-related health problems
<input type="checkbox"/> sleep disturbance	

Estimate Your Stress Level

<u>Number of items checks</u>	<u>Estimated Level of Stress</u>
0-7	Low (within the normal range)
8-14	Moderate (experiencing some distress)
15-21	High (experiencing difficulty coping)
22+	Very High (unable to cope)

As you review your symptom list think of ways that you can take care of yourself, make changes, delegate tasks to others, etc. that can alleviate the physical and emotional distress that you experience.