



Stress Questionnaire

Date: _____

Name: _____ Age: _____ Birth Date: _____
day month year

E-mail address: _____ Medicare# _____

Home Phone #: _____ Work Phone #: _____

Please read each statement and circle the number 0, 1, 2, or 3 that best describes your feelings or reactions throughout the course of the day. Determine the subtotal score for each section, then determine the total scores for sections A-C and C-E. Some questions may appear redundant between sections. There is a reason for each question. Don't spend much time on any one question.

0 = Never true 1 = Seldom true 2 – Sometimes true 3 = Often true

When under stress for two weeks or longer, I ...

Section A:

- 1. Get wound up when I get tired and have trouble calming down.0 1 2 3
- 2. Feel driven, appear energetic but feel "burned out" and exhausted0 1 2 3
- 3. Feel restless, agitated, anxious, and uneasy.....0 1 2 3
- 4. Feel easily overwhelmed by emotion.....0 1 2 3
- 5. Feel emotional – cry easily or laugh inappropriately0 1 2 3
- 6. Experience heart palpitations or a pounding in my chest0 1 2 3
- 7. Am short of breath0 1 2 3
- 8. Am constipated.....0 1 2 3
- 9. Feel warm, over-heated, and dry all over0 1 2 3
- 10. Get mouth sores or sore tongue0 1 2 3
- 11. Get hot flashes0 1 2 3
- 12. Sleep less than seven hours a night.....0 1 2 3
- 13. Have trouble falling asleep and staying asleep.....0 1 2 3
- 14. Worry about high blood pressure, cholesterol, and triglycerides0 1 2 3
- 15. Forget to eat and feel little hunger0 1 2 3

Total points: _____

Section B:

- 1. Find myself worrying about things big and small0 1 2 3
- 2. Feel like I can't stop worrying, even though I want to0 1 2 3
- 3. Feel impulsive, pent up, and ready to explode0 1 2 3
- 4. Get muscle spasms0 1 2 3
- 5. Feel aggressive, unyielding, or inflexible when pressed for time0 1 2 3
- 6. See, hear, and smell things that others do not0 1 2 3
- 7. Stay awake replaying the events of the day or planning for tomorrow0 1 2 3
- 8. Have upsetting thoughts or images enter my mind again and again0 1 2 3
- 9. Have a hard time stopping myself from doing things again and again, like
checking on things or rearranging objects over and over0 1 2 3
- 10. Worry a lot about terrible things that could happen if I'm not careful0 1 2 3

Total points: _____

Section C

- 1. Have muscle and joint pains.....0 1 2 3
- 2. Have muscle weakness0 1 2 3
- 3. Crave salt or salty things0 1 2 3
- 4. Have multiple points on my body that when touched are tender or painful.....0 1 2 3
- 5. Have dark circles under my eyes.....0 1 2 3
- 6. Feel a sudden sense of anxiety when I get hungry0 1 2 3
- 7. Use medications to manage pain0 1 2 3
- 8. Get dizzy when rising or standing up from a kneeling or sitting position0 1 2 3
- 9. Have diarrhea or bouts of nausea with or without vomiting for no apparent reason0 1 2 3
- 10. Have headaches.....0 1 2 3

Total points: _____

Section D

- 1. Have trouble organizing my thoughts0 1 2 3
- 2. Get easily distracted and lose focus0 1 2 3
- 3. Have difficulty making decisions and mistrust my judgement0 1 2 3
- 4. Feel depressed and apathetic0 1 2 3
- 5. Lack the motivation and energy to stay on task and pay attention0 1 2 3
- 6. Am forgetful0 1 2 3
- 7. Feel unsettled, restless, and anxious0 1 2 3
- 8. Wake up tired and unrefreshed0 1 2 3
- 9. Experience heartburn and indigestion0 1 2 3
- 10. Catch colds or infections easily0 1 2 3

Total points: _____

Section E

- 1. Feel tired for no apparent reason0 1 2 3
- 2. Experience lingering mild fatigue after exertion or physical activity0 1 2 3
- 3. Find it difficult to concentrate and complete tasks0 1 2 3
- 4. Feel depressed and apathetic0 1 2 3
- 5. Feel cold or chills – hands, feet, or all over – for no apparent reason0 1 2 3
- 6. Have little or no interest in sex0 1 2 3
- 7. Sweat spontaneously during the day0 1 2 3
- 8. Feel puffy and retain fluids0 1 2 3
- 9. Sleep more than nine hours a night0 1 2 3
- 10. Have poor muscle tone0 1 2 3
- 11. Have trouble losing weight0 1 2 3
- 12. Wake up tired even though I seem to get plenty of sleep0 1 2 3
- 13. Have no energy and feel physically weak0 1 2 3
- 14. Am susceptible to colds and the flu0 1 2 3
- 15. Feel dragged down by multiple symptoms, such as poor digestion and body aches0 1 2 3

Total points: _____

Add points from sections A, B, & C	Total for A, B & C _____	Add points from sections C, D & E	Total for C, D & E _____
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Lifestyle and Health Status:

- 1. Circle the level of stress you experience on the scale of 1 – 10, 10 being the worst:
1 2 3 4 5 6 7 8 9 10
- 2. What do you consider to be the major causes of your stress (for example – spouse, family, friends, work, finances, wedding, pregnancy, legal, commute)