



Name _____ Date _____

Directions for the Personal Stress Assessment:

Please read each line 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. Next determine the total scores for sections A-C and C-E. Some questions may appear redundant, but there is a reason for each question. **Once completed, refer to the Stress Score Card for the next step.**

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 tightly wound when I'm tired and have trouble calming down | 0 | 1 | 2 | 3 |
| 2. Feel driven, appear energetic on the outside, but feel "burned out" and exhausted inside..... | 0 | 1 | 2 | 3 |
| 3. Feel restless, agitated, anxious, and/or uneasy | 0 | 1 | 2 | 3 |
| 4. Easily overwhelmed by emotion | 0 | 1 | 2 | 3 |
| 5. Feel overly emotional — cry easily or laugh inappropriately | 0 | 1 | 2 | 3 |
| 6. Experience heart palpitations or an awareness of my heart racing or pounding in my chest | 0 | 1 | 2 | 3 |
| 7. Feel short of breath..... | 0 | 1 | 2 | 3 |
| 8. Am constipated (less than once bowel movement per day)..... | 0 | 1 | 2 | 3 |
| 9. Feel warm, over-heated, and dry all over..... | 0 | 1 | 2 | 3 |
| 10. Get mouth sores or sore tongue..... | 0 | 1 | 2 | 3 |
| 11. Get hot flashes | 0 | 1 | 2 | 3 |
| 12. Sleep less than seven hours a night..... | 0 | 1 | 2 | 3 |
| 13. Have trouble falling asleep and/or staying asleep | 0 | 1 | 2 | 3 |
| 14. Have a diagnosis of high blood pressure, or elevated cholesterol or triglycerides | 0 | 1 | 2 | 3 |
| 15. Forget to eat yet feel little hunger | 0 | 1 | 2 | 3 |

Total points: _____

Section B:

- | | | | | |
|--|---|---|---|---|
| 1. Find myself constantly worrying about things big and small..... | 0 | 1 | 2 | 3 |
| 2. Feel like I can't stop worrying, even though I want to..... | 0 | 1 | 2 | 3 |
| 3. Feel impulsive, pent up, or ready to explode..... | 0 | 1 | 2 | 3 |
| 4. Get muscle spasms | 0 | 1 | 2 | 3 |
| 5. Feel aggressive, unyielding, or inflexible when pressed for time | 0 | 1 | 2 | 3 |
| 6. See, hear, and smell things that others do not..... | 0 | 1 | 2 | 3 |
| 7. Stay awake replaying the events of the day or planning for tomorrow | 0 | 1 | 2 | 3 |
| 8. Have upsetting thoughts or images enter my mind over and over again | 0 | 1 | 2 | 3 |
| 9. Have a hard time stopping myself from doing things
like checking on things or rearranging objects over and over..... | 0 | 1 | 2 | 3 |
| 10. Worry a lot about terrible things that could happen if I'm not careful..... | 0 | 1 | 2 | 3 |

Total points: _____

Section C:

- | | | | | |
|--|---|---|---|---|
| 1. Have muscle and/or joint pains | 0 | 1 | 2 | 3 |
| 2. Have generalized muscle weakness | 0 | 1 | 2 | 3 |
| 3. Crave salt or salty foods..... | 0 | 1 | 2 | 3 |
| 4. Have multiple tender points on my body that are painful to the touch | 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 hungry..... | 0 | 1 | 2 | 3 |
| 7. Use over the counter or prescription medications to manage pain | 0 | 1 | 2 | 3 |
| 8. Get dizzy when standing up from a kneeling or sitting position..... | 0 | 1 | 2 | 3 |
| 9. Have diarrhea or bouts of nausea with or without vomiting for no apparent reason..... | 0 | 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 judgment0 1 2 3
- 4. Feel depressed and apathetic.....0 1 2 3
- 5. Lack the motivation and energy to stay on task and pay attention 0 1 2 3
- 6. Am forgetful..... 0 1 2 3
- 7. Feel unsettled, restless, and anxious.....0 1 2 3
- 8. Wake up tired and unrefreshed.....0 1 2 3
- 9. Experience heartburn and/or indigestion 0 1 2 3
- 10. Prone to infections or catch colds easily0 1 2 3

Total points: _____

Section E:

- 1. Feel tired for no apparent reason.....0 1 2 3
- 2. Experience lingering mild fatigue after exertion or physical activity 0 1 2 3
- 3. Find it difficult to concentrate and complete tasks.....0 1 2 3
- 4. Feel depressed and apathetic.....0 1 2 3
- 5. Feel cold or chilled – 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 night.....0 1 2 3
- 10. Have poor muscle tone0 1 2 3
- 11. Have trouble losing weight..... 0 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: _____