

Are You Stressed? The Test

The following questionnaire asks 30 questions that can assess your current stress level. The questionnaire takes 15-20 minutes to complete. Answer the questions using a 5-point scale ranging from:

- 0 = never
- 1 = rarely (once a year or less)
- 2 = occasionally (once every few months)
- 3 = frequently (once a week)
- 4 = always (at least once a day)

1. _____ Do you worry over everyday activities/events/situations?
2. _____ Do you startle easily?
3. _____ Do you cry easily?
4. _____ Do you get restless easily?
5. _____ In stressful situations do you shake or tremble?
6. _____ Do you experience fears or phobias (for example, animals, strangers, the dark, etc.)?
7. _____ Do you have difficulty falling asleep or staying asleep at night?
8. _____ Do you have nightmares?
9. _____ Do you find it difficult to concentrate?
10. _____ Do you forget things more often?
11. _____ Have you lost interest in things you used to like doing?
12. _____ Is it difficult to enjoy what should be pleasurable experiences or activities?
13. _____ Do you have increased body aches and discomfort?
14. _____ Do you grind your teeth or clench your jaws?
15. _____ Do you have ringing in the ears?
16. _____ Do you have blurred vision?
17. _____ In stressful situations do you feel your heart racing?
18. _____ In a stressful situation do you feel tightness in your chest?
19. _____ Do you ever feel faint?
20. _____ Do you feel a shortness of breath?
21. _____ Do you have difficulty swallowing or a sense of choking/gagging?
22. _____ Are you often nauseated?
23. _____ Are your bowel movements irregular (e.g., more constipation/diarrhea)?
24. _____ Do you experience fluctuations in your weight (e.g., gain or loss)?
25. _____ Do you feel bloated?
26. _____ Do you find yourself having to urinate more frequently?
27. _____ (Women) Do you have painful periods?
_____ (Men) Do you experience bouts of impotence?
28. _____ Do you get dry mouth?
29. _____ Do you experience flushing?
30. _____ Have you experienced an increase in sweating?

_____ **TOTAL**

Sum of score:

- 0-36 = Mild Stress
- 37-59 = Moderate Stress
- 60+ = Advanced Stress