SURVEY OF STRESS SYMPTOMS

Check each symptom that you have experienced in the last month. Count the number that you have checked. The symptoms must be experienced to the level that you identify it as a problem.

PSYCHOLOGICAL SYMPTOMS:

__anxiety
__depression
__difficulty concentrating
__forgetful
__agitation, hyper
__feeling overwhelmed
__irrational thoughts/fears
__compulsive behavior
__confusion
__feelings of unreality
__feeling of being detached from oneself
__restless/on edge
__mood swings
__loneliness
__intrusive thoughts
__relationship problems
__family problems
__work problems
__irritability
__excessive worry/obsessing
__feelings of guilt
__sad/tearful
__nightmares
__social isolation/withdrawal
__apathy/indifference
__sexual dysfunction

PHYSICAL SYMPTOMS:

__headaches
__muscle tension
__low back pain
__upper back, neck, or shoulder pain
__clenching teeth
__abdominal distress
__nausea
__shaking or trembling
__numbness or tingling
__feeling of choking
__chills or hot flashes
__sweating
__fatigue
__high blood pressure
__sleep disturbance
__appetite disturbance
__diarrhea
__digestive problems
__constipation
__rash/hives/shingles
__use of alcohol, cigarettes or other drugs to deal with stress
__bowel problems
__thyroid dysfunction
__other stress-related health problems

ESTIMATE YOUR STRESS LEVEL

Number of items checked:	Estimated level of stress
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 you can take care of yourself, make changes, and delegate tasks to others, etc. that can alleviate the physical and emotional distress that you experience.