

# Stress Questionnaire

Name \_\_\_\_\_

Date \_\_\_\_\_

Please complete each section to the best of your ability, circling the number for each line and adding up the totals for each section. Some questions may be repeated between parts; please be patient, as there is a reason for each question!

0 = never true

1 = seldom true

2 = sometimes true

3 = often true

## Part I: Stressed & Overworked

Lately I've been "burning the candle at both ends."	0	1	2	3
I feel stressed by things coming at me from many directions.	0	1	2	3
I'm having a hard time coping.	0	1	2	3
I can't seem to retain information in my head.	0	1	2	3
I feel weak.	0	1	2	3
My sleep is restless.	0	1	2	3
I'm forgetful.	0	1	2	3
I have poor concentration.	0	1	2	3
I have gastrointestinal problems (bloating, belching, burning, etc.)	0	1	2	3
I have high blood sugar or have been told I'm pre-diabetic.	0	1	2	3

Add the circled numbers and record total for Part I here: \_\_\_\_\_

## Part II: Stressed & Tired

I feel really tired.	0	1	2	3
I feel depressed.	0	1	2	3
I have lost interest in things that used to interest me.	0	1	2	3
I don't remember things as well as I used to.	0	1	2	3
I don't learn as quickly as I used to.	0	1	2	3
I have little or no interest in sex.	0	1	2	3
I feel cold much of the time.	0	1	2	3
I look rather pale.	0	1	2	3
I carry extra weight around my middle.	0	1	2	3
I feel dragged down by multiple symptoms, such as poor digestion, fatigue, etc.	0	1	2	3

Add the circled numbers and record total for Part II here: \_\_\_\_\_

## Part III: Stressed & Wired

I feel nervous, jittery, or shaky.	0	1	2	3
I feel anxious and/or agitated	0	1	2	3
I get irritated easily.	0	1	2	3
I feel out of control.	0	1	2	3
I have hot flashes.	0	1	2	3
I have food cravings.	0	1	2	3
I have high blood pressure.	0	1	2	3
I feel warm, over-heated, dry, and/or thirsty.	0	1	2	3
I feel a burning sensation in my arms, legs, hands, and/or feet.	0	1	2	3
I have high cholesterol and/or triglycerides.	0	1	2	3

Add the circled numbers and record total for Part III here: \_\_\_\_\_

**Part IV: Stressed & Inflexible**

My mind feels restless.	0	1	2	3
I suffer from obsessive thoughts.	0	1	2	3
I often keep thinking the same thoughts over and over again.	0	1	2	3
I experience feelings of panic.	0	1	2	3
I feel "stuck."	0	1	2	3
My muscles feel tense.	0	1	2	3
I suffer from back aches.	0	1	2	3
My neck feels stiff.	0	1	2	3
I have sore muscles.	0	1	2	3
My muscles are tender to the touch.	0	1	2	3

Add the circled numbers and record total for Part IV here: \_\_\_\_\_

**Part V: Stressed & Hot**

My joints often feel hot.	0	1	2	3
My lungs and/or digestive tract tend to become inflamed.	0	1	2	3
I feel tired much of the time.	0	1	2	3
I'm often sore and achy.	0	1	2	3
My joints are painful and stiff.	0	1	2	3
I have limited range of motion.	0	1	2	3
My intestinal tract bothers me a lot.	0	1	2	3
I often get colds, bronchitis, and/or respiratory infections.	0	1	2	3
I use non-steroidal anti-inflammatory drugs to relieve pain and inflammation.	0	1	2	3
I am now on prednisone or have taken it in the past.	0	1	2	3

Add the circled numbers and record total for Part V here: \_\_\_\_\_

**Part VI: Stressed & Cold**

I can't seem to stand being cold.	0	1	2	3
I have gained weight that I'm unable to lose.	0	1	2	3
I have trouble with memory and/or concentration.	0	1	2	3
My appetite has changed.	0	1	2	3
I tend toward constipation.	0	1	2	3
My muscles feel weak and stiff.	0	1	2	3
I've been losing my hair.	0	1	2	3
My skin is dry and rough and/or my nails are brittle.	0	1	2	3
I've had problems with fertility and/or menstruation.	0	1	2	3
I am irritable and/or depressed.	0	1	2	3

Add the circled numbers and record total for Part VI here: \_\_\_\_\_

**Part VII: Stressed & Depleted**

- I find myself becoming exhausted easily. 0 1 2 3
- I have gained weight I can't seem to lose. 0 1 2 3
- I carry extra weight around my middle. 0 1 2 3
- I have been told I am insulin resistant or pre-diabetic. 0 1 2 3
- My muscle mass has decreased as I've gotten older. 0 1 2 3
- My sex drive has decreased. 0 1 2 3
- I have osteoporosis or osteopenia. 0 1 2 3
- I lack a feeling of well-being. 0 1 2 3
- I'm 50 or older. 0 1 2 3
- I'm usually tired in the morning. 0 1 2 3

Add the circled numbers and record total for Part VII here: \_\_\_\_\_

**Part VIII: Stressed & Immune Challenged**

- I feel like I have low energy. 0 1 2 3
- I don't have much stamina any more. 0 1 2 3
- I seem to get every "bug" that comes along. 0 1 2 3
- I am prone to respiratory infections. 0 1 2 3
- My cardiovascular health has been decreasing. 0 1 2 3
- I have trouble relaxing. 0 1 2 3
- I have digestive problems. 0 1 2 3
- I have trouble getting over sicknesses. 0 1 2 3
- I tend to get urinary tract infections. 0 1 2 3
- I wake up at night to urinate. 0 1 2 3

Add the circled numbers and record total for Part VIII here: \_\_\_\_\_

**Part IX: Disturbed Sleep and Mood**

- I have difficulty waking up in the morning. 0 1 2 3
- I get drowsy during the day. 0 1 2 3
- I have trouble concentrating. 0 1 2 3
- I find it hard to make even simple decisions. 0 1 2 3
- I feel emotional. 0 1 2 3
- I get crabby fairly easily. 0 1 2 3
- I tend toward clumsiness. 0 1 2 3
- I usually fall asleep within 5 minutes after lying down. 0 1 2 3
- I have difficulty falling asleep. 0 1 2 3
- I wake up during the night and have trouble falling back to sleep. 0 1 2 3

Add the circled numbers and record total for Part IX here: \_\_\_\_\_

Record your scores for each part below:

I	II	III	IV	V	VI	VII	VIII	IX