Stress Questionnaire
Are you stressed out?

E) Encircle Yes/No for each of the following questions:

Yes/No

1. Do you have recurrent headaches, neck tensions or back pain? Yes/No
2. Do you often have indigestion, nausea, or diarrhea? Yes/No
3. Have you unintentionally gained or lost 5-10 lb in the last six months? Yes/No
4. Do you have difficulty falling or staying asleep? Yes/No
5. Do you often feel restless? Yes/No
6. Do you have difficulty concentrating? Yes/No
7. Do you drink alcohol, smoke or take drugs to relax? Yes/No
8. Have you had a major illness, surgery or an accident in the past year? Yes/No
9. Have you lost five or more days of work due to illness in the past six months? Yes/No
10. Have you had a change in job status in the past six months? Yes/No
11. Do you work more than 48 hours a week? Yes/No
12. Do you have serious financial problems? Yes/No
13. Have you recently experienced family or marital problems? Yes/No
14. Has a person of significance in your life died in the past year? Yes/No
15. Have you been divorced or separated in the past year? Yes/No
16. Do you find you have lost interest in hobbies, physical activity and leisure time? Yes/No
17. Have you lost interest in your relationship with your spouse, relative or friend? Yes/No
18. Do you find yourself watching more TV than you should? Yes/No
19. Are you emotional or easily irritated lately? Yes/No
20. Do you seem to experience more distress and discomfort than most people? Yes/No