

Stress Questionnaire

Name _____ Date _____

0 = never true 1 = seldom true 2 = sometimes true 3 = often true ? = I don't know

Part I: Stressed & Tired	0	1	2	3	?
I feel like I have many stressors in my life.					
I don't have any major health complaints right now.					
When I do have symptoms, they seem to go away when I rest, eat, relax, or get a good night's sleep or a nap.					
I get tired easily.					
I feel like I can't cope.					
I am restless.					
I tend to be forgetful.					
I have trouble concentrating.					
I don't retain information well.					
I am weak.					
My sleep is restless.					
My stomach or digestion is easily upset.					
I have blood sugar problems.					
Total per column					

Total Score: _____

Part II: Stressed & Wired	0	1	2	3	?
I feel anxious.					
I feel agitated.					
I feel irritable.					
My feelings aren't relieved by rest, relaxation, eating, or sleep.					
My sleep is restless.					
I have high blood pressure.					
I have little or no interest in sex.					
I have heart palpitations.					
The littlest things can overwhelm me.					
I am nervous, tense, jittery, or shaky.					
I am hypersensitive.					
I am hyperactive.					
I have a hard time making decisions.					
I have hot flashes.					
I feel dry.					
My muscles are stiff.					
I have a red and flushed appearance.					
I feel warm, over-heated, dry, and/or thirsty.					
When I miss a meal, I have symptoms of hypoglycemia (jitteriness, headache, tiredness, dizziness, etc.)					
My total cholesterol level is:	<200	200 - 240	241 - 260	>260	
My triglycerides are:	<120	120 - 150	151 - 180	>180	
Total per column					

Total Score _____

Part III: Tired, Then Wired	0	1	2	3	?
I become fatigued easily.					
I am depressed.					
I have a hard time remembering and/or learning new things.					
My feelings aren't relieved by rest, relaxation, eating, or sleep.					
I have blood sugar problems.					
I have gastrointestinal disorders.					
I am overweight and carry most of it around my waist.					
I have neurological disorders.					
I have lost muscle tone.					
I have osteoporosis or osteopenia.					
I catch colds and flus often and easily.					
It takes me a long time to recover from an injury or illness.					
I have little or no interest in sex.					
My sex hormone levels are low.					
I have reduced reproductive function.					
I have kidney problems.					
I am pale.					
I feel cold and weak.					
I feel slightly fatigued for quite a while after I exert myself.					
I sweat for no apparent reason during the day.					
I suffer from indigestion.					
I suffer from constipation.					
I tend to retain fluid.					
I have difficulty breathing.					
I am sensitive to perfumes, paints, chemicals, etc.					
I have frequent urination and/or dribbling urine.					
I have swelling and/or pain in my knees or low back.					
I have cold hands and feet.					
I have low blood pressure.					
My total cholesterol level is:	<200	200 - 240	241- 260	>260	
My triglycerides are:	<120	120 - 150	151- 180	>180	
Total per column					

Total Score _____