

Stress Assessment

<i>Read each statement below, then circle the number under the heading at the right that best describes your situation.</i>	Not true or rarely true	Sometimes true	Often or always true
1. My sleep patterns have changed.	1	2	3
2. I am often angry and irritable.	2	3	4
3. My concentration and attention span are not good.	1	2	3
4. I am using drugs, legal or illegal, to lower my stress.	3	4	5
5. I seem to be having more accidents or making more mistakes.	2	3	4
6. I feel like running away from everything.	3	4	5
7. I have frequent daydreams about a better time and place.	1	2	3
8. I have destroyed property or caused injury in anger.	3	4	5
9. I have more and more sickness and health problems.	2	3	4
10. My memory is no longer reliable and seems to get worse, not better.	2	3	4
11. I use gambling or shopping to forget about my troubles.	3	4	5
12. I have nightmares.	1	2	3
13. I feel I have a lot of responsibilities but not much authority.	1	2	3
14. How I feel and what I do bothers me and seems to concern others.	3	4	5
15. My appetite has either increased or decreased dramatically in recent times.	2	3	4
16. More and more I prefer my own company and I actively avoid social contacts.	2	3	4
17. I do not have enough time to do what needs to be done.	1	2	3
18. I believe that I have stress related problems which are serious.	3	4	5
<i>Add up the numbers in each column and enter the total at the bottom:</i>			
<i>Add the totals at the bottom of all three columns:</i>	Total Score		
<i>Check your score to see your level of risk for having a problem with stress:</i>		<u>Score</u>	<u>Risk Level</u>
		36 - 44	LOW
		45 - 62	MODERATE
		63 - 72	HIGH
If you would like assistance with or information on stress, call LifeMatters at:	1-800-634-6433		
Visit LifeMatters on the Internet at:	mylifematters.com		