**Stress Symptom Checklist**

Check each item that describes a symptom you have experienced to any significant degree during the last month; then total the number of items checked.

#  Physical Symptoms

[ ] Headaches (migraine or tension)

[ ] Backaches

[ ] Tight muscles

[ ] Neck and shoulder pain

[ ] Jaw tension

[ ] Muscle cramps, spasms

[ ] Nervous stomach

[ ] Other pain

[ ] Nausea

[ ] Insomnia (sleeping poorly)

[ ] Fatigue, lack of energy

[ ] Cold hands/feet

[ ] Tightness or pressure in head

[ ] High blood pressure

[ ] Diarrhea

[ ] Skin condition

[ ] Allergies

[ ] Teeth grinding

[ ] Digestive upsets (cramping, bloating)

[ ] Stomach pain, ulcer

[ ] Constipation

[ ] Hypoglycemia

[ ] Appetite change

[ ] Colds

[ ] Profuse perspiration

[ ] Heart beats rapidly or pounds, even at rest

[ ] Use of alcohol, cigarettes, or recreational drugs when nervous

#  Psychological Symptoms

[ ] Anxiety

[ ] Depression

[ ] Confusion or spaciness

[ ] Irrational fears

[ ] Compulsive behaviors

[ ] Forgetfulness

[ ] Feeling overloaded or overwhelmed

[ ] Hyperactivity – feeling like you can’t slow down

[ ] Mood swings

[ ] Loneliness

[ ] Problems with relationships

[ ] Dissatisfied/unhappy with work

[ ] Difficulty concentrating

[ ] Frequent irritability

[ ] Restlessness

[ ] Frequent boredom

[ ] Frequent worrying or obsessing

[ ] Frequent guilt

[ ] Temper flare-ups

[ ] Crying spells

[ ] Nightmares

[ ] Apathy

[ ] Sexual problems

[ ] Weight change

[ ] Overeating

**Number of Items Checked**

 0 - 7

 8 - 14

15 - 21

22+

**Stress Level**

Low

Moderate

High

Very High