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.

Ph	Physical Symptoms			Psychological Symptoms	
		Headaches (migraine or tension)		Anxiety	
		Backaches		Depression	
		Tight muscles		Confusion or spaciness	
		Neck and shoulder pain		Irrational fears	
		Jaw tension		Compulsive behaviors	
		Muscle cramps, spasms		Forgetfulness	
		Nervous stomach		Feeling overloaded or overwhelmed	
		Other pain	П	Hyperactivity – feeling like you can't	
		Nausea		slow down	
		Insomnia (sleeping poorly)		Mood swings	
		Fatigue, lack of energy		Loneliness	
		Cold hands/feet		Problems with relationships	
		Tightness or pressure in head		Dissatisfied/unhappy with work	
		High blood pressure		Difficulty concentrating	
		Diarrhea		Frequent irritability	
		Skin condition		Restlessness	
		Allergies		Frequent boredom	
		Teeth grinding		Frequent worrying or obsessing	
		Digestive upsets (cramping, bloating)		Frequent guilt	
		Stomach pain, ulcer		Temper flare-ups	
		Constipation		Crying spells	
		Hypoglycemia		Nightmares	
		Appetite change		Apathy	
		Colds		Sexual problems	
		Profuse perspiration		Weight change	
		Heart beats rapidly or pounds, even at			
		rest	۵,	Overeum	
		Use of alcohol, cigarettes, or			
		recreational drugs when nervous			
	Number of Items Checked		Stress Level		
	0 – 7			Low	
	8-14			Moderate High	
		15-21 22+	_	n y High	