

**STRESS RATING**

**STRESS SYMPTOM SCALE**

Rate the frequency that you experienced the items listed below in the past two weeks.

- 0 = Never
  - 1 = Sometimes
  - 2 = Often
  - 3 = Very often
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**Physical Symptoms**

- Fatigue or tiredness \_\_\_\_\_
- Pounding heart \_\_\_\_\_
- Rapid pulse \_\_\_\_\_
- Increased perspiration \_\_\_\_\_
- Rapid breathing \_\_\_\_\_
- Aching neck or shoulders \_\_\_\_\_
- Low back pain \_\_\_\_\_
- Gritting teeth/clenching jaw \_\_\_\_\_
- Hives or skin rash \_\_\_\_\_
- Headaches \_\_\_\_\_
- Cold hands or feet \_\_\_\_\_
- Tightness in chest \_\_\_\_\_
- Nausea \_\_\_\_\_
- Diarrhea or constipation \_\_\_\_\_
- Stomach discomfort \_\_\_\_\_
- Nail biting \_\_\_\_\_
- Twitches or tics \_\_\_\_\_
- Difficulty swallowing or dry mouth \_\_\_\_\_
- Colds or flu \_\_\_\_\_
- Lack of energy \_\_\_\_\_

## Psychological Symptoms

Overeating	—
Feeling helpless or hopeless	—
Excessive drinking	—
Excessive smoking	—
Excessive spending	—
Excessive drug or medication use	—
Feeling upset	—
Feeling nervous or anxious	—
Increased irritability	—
Worrisome thoughts	—
Impatience	—
Feelings of depression	—
Loss of sexual interest	—
Feeling angry	—
Sleep Difficulties	—
Forgetfulness	—
Racing or intrusive thoughts	—
Feeling restless	—
Difficulty concentrating	—
Periods of crying	—
Frequent absences from work	—
<b>TOTAL SCORE</b>	—

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## STRESS RATING

0-19	Lower than average
20-39	Average
40-49	Moderately higher than average
> 50	Much higher than average