

# The Stress-Symptom Scale

Rate the frequency with which you've experienced each of the items listed below. Take the last two weeks as your time frame. Use this helpful rating scale:

- 0=Never
- 1=Sometimes
- 2=Often
- 3=Very often

Fatigue or tiredness	_____	Feeling helpless or hopeless	_____
Pounding heart	_____	Excessive drinking	_____
Rapid pulse	_____	Excessive smoking	_____
Increased perspiration	_____	Excessive spending	_____
Rapid breathing	_____	Excessive drug or medication use	_____
Aching neck or shoulders	_____	Feeling upset	_____
Low back pain	_____	Feeling nervous or anxious	_____
Gritting teeth or clenching jaw	_____	Increased irritability	_____
Hives or skin rash	_____	Worrisome thoughts	_____
Headaches	_____	Impatience	_____
Cold hands or feet	_____	Feelings of depression	_____
Tightness in chest	_____	Loss of sexual interest	_____
Nausea	_____	Feeling angry	_____
Diarrhea or constipation	_____	Sleep difficulties	_____
Stomach discomfort	_____	Forgetfulness	_____
Nail biting	_____	Racing or intrusive thoughts	_____
Twitches or tics	_____	Feeling Restless	_____
Difficulty swallowing or dry mouth	_____	Difficulty concentrating	_____
Colds or flu	_____	Periods of crying	_____
Lack of energy	_____	Frequent absences from work	_____
Overeating	_____	<b>Your total Stress-Symptom Score</b>	_____

Your Stress Rating

<b>Your Score</b>	<b>Your Comparative Rating</b>
0-19	Lower than average
20-39	Average
40-49	Moderately higher than average
50 and above	Much higher than average