

Name: _____ Date: _____

Determining Your Stress Level

To evaluate your level of stress and help you identify changes that you need to make, circle the number under the appropriate response to each question below.

Use the following scale:

Rarely Almost never
Sometimes Once or twice each week
Often Four or more times each week

How Frequently Do You:	Rarely	Sometimes	Often
Feel tension, pain in the neck or shoulders, or headaches?	1	3	5
Find it difficult to concentrate on what you are doing because of deadlines or other tasks that must be completed?	1	3	5
Become irritable when you have to wait?	1	3	5
Eat or drink in an attempt to relax and/or relieve tension?	1	3	5
Worry about your homework or other deadlines at night and/or on weekends?	1	3	5
Wake up in the night thinking about all the things you must do the next day?	1	3	5
Feel impatient at the slowness with which many events take place?	1	3	5
Find yourself short of time to complete everything that needs to take place?	1	3	5
Become upset because things have not gone <i>your way</i> ?	1	3	5
Lose your temper and get irritable?	1	3	5
Wake up in the night and have a hard time getting back to sleep?	1	3	5
Run and hurry, faster than others, everywhere you go?	1	3	5
Interrupt people while they are talking or complete their sentences for them?	1	3	5
Forget about appointments and/or lose objects or forget where you put them?	1	3	5
Take on too many responsibilities?	1	3	5

Add together the numbers that you circled, and write your total score → _____

Evaluate your score according to the following potential level of stress criteria:

Low	34 or lower
Moderate	35-42
High	43-50
Very high	51 or higher

Source: modified from Student Success: Get Through – Do Well, McGraw Hill,
http://novella.mhhe.com/sites/0079876543/student_view0/sophomore_year-999/your_health10/determining_your_stress_level.html.