

## Determining The Sources Of Stress In Your Life

Stress that is not handled properly can affect you in many ways. It can impair your ability to function mentally at home and at work. You can experience a variety of physical symptoms that can range from headaches to gastro-intestinal upsets. Everyone experiences the negative effects of stress at various points in their lives. The danger lies in chronic stress overload. When your body is constantly in the fight or flight mode, you are bound to blow a fuse at your body's weakest point. For some people the end result is a serious mental or physical illness.

This survey is designed to help you determine:

1. Your general level of stress.
2. Your level of stress at work.
3. Your physical symptoms of stress.
4. Your level of stress in interpersonal situations.

Take a look at the checklists that follow to see how stressed you are.

**Directions:** Indicate how often your feelings agree with the statements below. Scoring for each item is based on the following scale:

- 1 = Never feel that way
- 2 = Seldom feel that way
- 3 = Sometimes feel that way
- 4 = Frequently feel that way
- 5 = Always feel that way

### How Stressed Are You? (General Feelings)

1.		I worry a lot.
2.		I feel unhappy.
3.		All kinds of worrisome thoughts run through my mind.
4.		There are times when I feel like crying for no reason.
5.		I don't know what's the matter with me. I'm so irritable.
6.		I have lost my ability just to sit around and do nothing.
7.		I feel like I'm living inside a pressure cooker and about to explode.
8.		Lately I'm bored with my life, job, friends and even my loved ones.
9.		Deep inside, I 'm dissatisfied and I don't know why.
10.		I forget things.
<b>Total =</b>		

### How Stressed Are You? (Work Performance)

1.		I have trouble concentrating on my work.
2.		It takes me forever to make decisions.
3.		I can't seem to stick to a job.
4.		From the time I get there until I leave, I'm plain fidgety.
5.		I overreact to things at work.
6.		I let minor things get to me. .
7.		I procrastinate.
8.		I can't seem to get organized. .
9.		I'm unclear about my role at work.
10.		I do a lot of paper shuffling.
<b>Total =</b>		

**How Stressed Are You? (Physical Symptoms)**

1.		My heart races or pounds.
2.		I have trouble catching my breath.
3.		I get diarrhea.
4.		I have headaches.
5.		I have to urinate frequently.
6.		I get dizzy for no reason.
7.		I spend my nights awake, or it takes for ever to fall asleep.
8.		I'm tired.
9.		My throat and/or mouth are often dry.
10.		My stomach is tense.
11.		I have no energy.
12.		I'm chilly.
13.		My neck (or shoulders, eye, chest, lower back, throat, hands) is sore, stiff or painful.
14.		Lately I seem to have one bug or cold after another.
15.		In the afternoon I run out of steam.
16.		My posture is terrible.
<b>Total =</b>		

**How Stressed Are You? (Interpersonal Relations)**

1.		I startle easily when people come up on me.
2.		Around people, I can't speak correctly.
3.		I can't stand to be around a particular person ( or. group) .
4.		I can't stand to be around people when they are emotional.
5.		I can't tell anyone how I feel.
6.		I don't feel anything.
7.		I can't laugh at myself.
8.		Down deep, I'm not happy with my sex life.
9.		I don't trust anybody.
10.		I need help (food or drink) to be social.
<b>Total =</b>		

**Scoring**

Category	No. Items	Total Score (Add up all items)	Average Score (Divide total score by number of items)
General Feelings	10		
Work Performance	10		
Physical Symptoms	16		
Interpersonal Relations	10		
<b>All Scales</b>	<b>46</b>		

To compute overall average score, add up your total scores for each scale and divide by 46.

## **How To Interpret Your Scores On Individual Sections General Feelings**

### General Feelings

10 - 20 = Low Stress  
21 - 30 = Moderate Stress  
31 - 40 = High Stress  
41 - 50 = Very High Stress

### Work Performance

10 - 20 = Low Stress  
21 - 30 = Moderate Stress  
31 - 40 = High Stress  
41 - 50 = Very High Stress

### Physical Symptoms

20 - 34 = Low stress  
35 - 49 = Moderate Stress  
50 - 64 = High Stress  
65 - 80 = Very High Stress

### Interpersonal Relations

10 - 20 = Low Stress  
21 - 30 = Moderate Stress  
31 - 40 = High Stress  
41 - 50 = Very High Stress

Total average scores below 3 are okay, but you should strive to get yourself into the 2's. Of course, there will be periods in your life when your score will climb temporarily because you run into stressful situations that are out of your control. In many cases you can learn new ways to deal with these stressful events so that the next time you are faced with one, you will react in a more relaxed fashion.

Be careful that you don't overreact and create a stressful event out of scoring and interpreting these scales. At one time or another, all of us are bound to have some of the symptoms listed in the four categories above. However, every one of the items on these checklists is a sign of stress if you scored yourself 4 or higher. You will probably want to look at these items to see where you can begin to make changes.

### **Okay, So I'm Under Stress. What Can I Do About It?**

Since the only way to fully eliminate stress is to die, we must all learn to live with and control the stress in our lives. You can eliminate stress or reduce its effects by:

1. Keeping yourself physically fit.
2. Improving your nutrition.
3. Learning to relax and to interact more effectively with people.

## Diet Questionnaire

1. Number of meals each day? \_\_\_\_\_
2. What times(s) of the day do you eat meals? \_\_\_\_\_
3. In general, what do you eat for Breakfast? \_\_\_\_\_
4. Lunch? \_\_\_\_\_
5. Dinner? \_\_\_\_\_
6. Snacks? \_\_\_\_\_
7. % of food that is fresh and raw \_\_\_\_\_
8. Do you take your time and enjoy your meals? \_\_\_\_\_
9. How often do you eat more than feels good to you? \_\_\_\_\_
10. What fluids do you drink with meals? \_\_\_\_\_
11. Do you drink more than 4oz of fluids with meals? \_\_\_\_\_
12. Do you drink fluids within ½ hour of meals? \_\_\_\_\_
13. Do you drink very hot or cold drinks? \_\_\_\_\_
14. Are you under stress or moving during meals? \_\_\_\_\_
15. Do you exercise within 1 hour of eating? \_\_\_\_\_
16. How long do you relax for after meals? \_\_\_\_\_
17. Do you lie down after meals? \_\_\_\_\_
18. Do you go to bed less than 2 hours after eating? \_\_\_\_\_
19. For how many months were you breast fed? \_\_\_\_\_
20. At what age in months did you have your first food other than breast milk? \_\_\_\_\_