

Stress Assessment – Questionnaire

Question	Level
1. Do you often have headaches?	
2. Do you suffer from tension or stiffness in the neck, shoulders, jaw, arms, hands, legs or stomach?	
3. Do you have nervous twitches?	
4. Do you feel your heart beating strong or faster than usual sometimes?	
5. Do you have abnormal heart beats (heart pounding)?	
6. Do you sometimes have difficulty breathing?	
7. Do you suffer sometimes from dizziness or light-headedness?	
8. Do you feel like you have a lump in your throat or having to clear it?	
9. Do you often suffer from flu, soreness?	
10. Do you often suffer from indigestion, nausea, stomachache?	
11. Do you often suffer from diarrhea, constipation?	
12. Do you bite your nails?	
13. Do you have difficulties falling asleep, or sleeping for a whole night?	
14. Do you feel tired in the morning?	
15. Do you have your hands or feet cold?	
16. Do your teeth tend to gnash? Do your jaws hurt?	
17. Do you tend to sweat a lot?	
18. Are you irritable or angry?	
19. Do you have any pains (back, stomach, head, muscle)?	
20. Do you think you might be suffering from anxiety, worry, agitation, nervousness?	

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TOTAL	INTERPRETATION
0 - 10 points	No stress whatsoever. Are you sure you're still alive?
11 - 20 points	Slight stress. You are in a good health in general, but you could be affected by some stressful events in your life.
21 - 30 points	Average stress: You should be aware that you are probably standing under some internal or external strains. You might do something about that.
31 - 40 points	Severe stress. You might not be in control of your life anymore and should quite definitely consult a psychotherapist.
41 - 60 points	Extreme stress. You may need immediate assistance from a psychologist or doctor.

Based on Archibald Hart's book « Adrenalin and Stress »