

Stress Assessment

Put a check in the box for the response to each question that best describes you.

<u>Question</u>	<u>Often</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
1. Do you feel like you are under pressure?				
2. Are you happy with your personal life?				
3. Are you happy with your job or employment situation?				
4. Do you feel out of control with your feelings and actions?				
5. Do you wake up feeling rested?				
6. Are you sick or in pain?				
7. Do you find your life interesting?				
8. Do you feel tired or worn out?				
9. Do you have difficulty relaxing?				
10. Do you feel happy or cheerful?				

Assign points as follows:

1. Often – 3, Sometimes – 2, Rarely – 1, Never – 0
2. Often – 0, Sometimes – 1, Rarely – 2, Never – 3
3. Often – 0, Sometimes – 1, Rarely – 2, Never – 3
4. Often – 3, Sometimes – 2, Rarely – 1, Never – 0
5. Often – 0, Sometimes – 1, Rarely – 2, Never – 3
6. Often – 3, Sometimes – 2, Rarely – 1, Never – 0
7. Often – 0, Sometimes – 1, Rarely – 2, Never – 3
8. Often – 3, Sometimes – 2, Rarely – 1, Never – 0
9. Often – 3, Sometimes – 2, Rarely – 1, Never – 0
10. Often – 0, Sometimes – 1, Rarely – 2, Never – 3

Total your points and check your level of stress based on the scale below:

- Scores 0 - 9: Low Level of Stress
- Scores 10 - 20: Medium Level of Stress
- Scores 21 - 30: High Level of Stress