

Stress Test

Never or Seldom = 1
Sometimes = 2
Often = 3
Always = 4

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| I have problems falling asleep or staying asleep. | |
| I am uptight and cannot seem to relax. | |
| I get angry if things do not go my way. | |
| I have difficulty concentrating. | |
| I have a hard time finding fun things to do. | |
| I feel tired during the day. | |
| I worry a lot about things going on in my life. | |
| I have had health problems because I work too hard. | |
| I use alcohol, cigarettes, caffeine or drugs to cope with stress. | |
| I laugh or smile less than I used to. | |
| I feel sad or disappointed often. | |
| I like to be in control. | |
| I don't have enough time for all the things in my life. | |
| I have a habit of clenching my fists, cracking my knuckles, twirling my hair or tapping my fingers. | |

TOTAL: