

LABORATORY 10.1

Stress Index Questionnaire

NAME _____ DATE _____

DIRECTIONS

The purpose of this stress index questionnaire is to increase your awareness of stress in your life. Circle either "yes" or "no" to answer each of the following questions.

- Yes No 1. I have frequent arguments.
- Yes No 2. I often get upset at work.
- Yes No 3. I often have neck and/or shoulder pains due to anxiety/stress.
- Yes No 4. I often get upset when I stand in long lines.
- Yes No 5. I often get angry when I listen to the local, national, or world news or read the newspaper.
- Yes No 6. I do not have a sufficient amount of money for my needs.
- Yes No 7. I often get upset when driving.
- Yes No 8. At the end of a workday I often feel stress-related fatigue.
- Yes No 9. I have at least one constant source of stress/anxiety in my life (e.g., conflict with boss, neighbor, mother-in-law, etc.).
- Yes No 10. I often have stress-related headaches.
- Yes No 11. I do not practice stress management techniques.
- Yes No 12. I rarely take time for myself.
- Yes No 13. I have difficulty in keeping my feelings of anger and hostility under control.
- Yes No 14. I have difficulty in managing time wisely.
- Yes No 15. I often have difficulty sleeping.
- Yes No 16. I am generally in a hurry.
- Yes No 17. I usually feel that there is not enough time in the day to accomplish what I need to do.
- Yes No 18. I often feel that I am being mistreated by friends or associates.
- Yes No 19. I do not regularly perform physical activity.
- Yes No 20. I rarely get 7 to 9 hours of sleep per night.

SCORING AND INTERPRETATION

Answering "yes" to any of the questions means that you need to use some form of stress management techniques (see the text for details). Total your "yes" answers and use the following scale to evaluate the level of stress in your life.

Number of "Yes" Answers	Stress Category
6-20	High stress
3-5	Average stress
0-2	Low stress