

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