**Symptoms of Distress**

Answer the questions listed below according to the following scale:

Rating

1. I do not experience this symptom at all.
2. I sometimes (perhaps once a month) experience this symptom.
3. I experience this symptom more than once a month, but not more than once a week.
4. I experience this symptom often (more than once a week.)

*An interpretation of the results is included on the next page.*

**Symptom**  **Rating**

|  |  |  |
| --- | --- | --- |
| 1. | Do you experience headaches of any sort? |  |
| 2. | Do you experience tension or stiffness in your neck, shoulders, jaw, arms, hands, legs, or stomach? |  |
| 3. | Do you have nervous tics, or do you tremble? |  |
| 4. | Do you feel your heart thumping or racing? |  |
| 5. | Do you feel irregular heartbeats or does your heart skip beats? |  |
| 6. | Do you have difficulty breathing at times? |  |
| 7. | Do you ever get dizzy or lightheaded? |  |
| 8. | Do you feel as though you have a lump in your throat or you have to clear it? |  |
| 9. | Do you suffer from colds, the flu, or sinus problems? |  |
| 10. | Are you bothered by indigestion, nausea, or discomfort in your stomach? |  |
| 11. | Do you have diarrhea or constipation? |  |
| 12. | Do you bite your nails? |  |
| 13. | Do you have difficulty falling or staying asleep? |  |
| 14. | Do you wake up feeling tired? |  |
| 15. | Are your hands or feet cold? |  |
| 16. | Do you grind or grit your teeth, or does your back ache? |  |
| 17. | Are you prone to excess perspiration? |  |
| 18. | Are you angry or frigid? |  |
| 19. | Do you feel a lot of generalized pain (back pain, stomach pain, head pain, muscle pain, etc.)? |  |
| 20. | Have you become aware of increased anxiety, worry, fidgetiness, or restlessness? |  |
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|  |  |

Add your "score" and compare it to the chart attached. The total score will be somewhere between zero and sixty. The higher the score, the greater your level of stress.

|  |  |
| --- | --- |
| **Total** | **Interpretation** |
| 0-10 | No stress. Are you sure you are alive? |
| 11-20 | Mild stress. You are basically healthy but occasionally bothered by stressful life events. |
| 21-30 | Moderate stress. You should be concerned about your life pressures and how you handle them. |
| 31-40 | Severe stress. Your life is out of control, and you probably need professional help. |
| 41-60 | Dangerous stress levels. You need immediate help. |

