

# 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