

## Mind For Life Personal Stress Questionnaire

**Have you experienced any of these symptoms in the last 4 weeks?** Consider the following conditions and answer the questionnaire being bluntly honest. Denial is an advanced stage of stress. Either print a copy of the questionnaire and complete it, or write down on a piece of paper your scores as only your total score is required to assess your stress level.

Reference No. or Name: ..... Date: .....

1	Without exercise, your heart beating fast.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
2	Uncontrollable trembling or shaking.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
3	Grinding of teeth (even in your sleep).	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
4	Do not sleep well.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
5	Susceptible to illness.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
6	Stomach pains.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
7	Headaches.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
8	Migraine headaches.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
9	Always feeling tired.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
10	Constipation.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
11	Lowered self-confidence.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
12	Loss of appetite.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4

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13	Excessive sweating ... hands, face, armpits.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
14	Listless ... do not feel like doing stuff.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
15	Forget things.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
16	Absentminded.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
17	Feeling irritated.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
18	Nauseous.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
19	Considered suicide.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
20	Pessimistic.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
21	Jealous or envious.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
22	Moody.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
23	Pain in the lower back.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
24	Anxiety.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
25	Feelings of depression.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
26	Loss of interest in things.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
27	Sensitive or touchy.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4

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28	Muscle pain.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
29	Indecisive.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
30	Unnecessary or excessive checking of things.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
31	Difficulty with breathing.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
32	Struggle to overcome minor sickness.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
33	Suspicious.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
34	Hair loss.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
35	Throat irritations.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
36	No sense of humour.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
37	Have difficulty concentrating.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
38	Struggle to lose weight or gain weight even when following a diet.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
39	Heartburn.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
40	Skin disorders.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
41	Nightmares.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
42	Dry mouth.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4

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43	Consume fizzy drinks.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
44	Diarrhoea.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
45	Nervous twitches on face or scalp.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
46	Feelings of inadequacy.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
47	Easily startled and jumpy.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
48	Increased appetite.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
49	Impaired co-ordination.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
50	Uncertainty.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
51	Become frustrated quickly.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
52	Less involvement with others.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
53	Biting of fingernails.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
54	Reduced motivation.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
55	Increased caffeine intake ... coffee, tea, coke, red bull etc.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
56	Restlessness.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
57	Poor judgement.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4

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58	Increased smoking.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
59	Feeling out of control.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
60	Confused thoughts.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
61	Increased time sleeping.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
62	Use tranquillisers, sleeping pills.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
63	Waking-up tired.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
64	Feeling overwhelmed by demands.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
65	Excessive thinking.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
66	Daydreaming.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
67	Procrastination.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
68	Feeling panicky.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
69	Unable to discuss problems with other people.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4
70	Wasting time on irrelevant activities.	Never 0	Seldom 1	Sometimes 2	Often 3	Regular 4

**Stress Level Indicator: Your Total Score: .....**

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<i>Key to Your Score</i>	<i>Comments</i>
0 to 20	Your score is very low ... Please check again.
21 to 42	You cope effectively with stress. Below average.
43 to 68	Your stress level is in the average range.
69 to 90	You exhibit an above level of stress.
91 plus	You exhibit high levels of stress