

■ Effects of stress

Please circle the number which best describes how true the statements below have been, at work or home, over the last two months.

NOT TRUE SOMETIMES TRUE VERY TRUE

1 I am easily irritated and lose my temper.	0	1	2	3	4	5
2 I feel generally tired and exhausted.	0	1	2	3	4	5
3 I tend to drink, smoke, take medication or drugs more.	0	1	2	3	4	5
4 I have difficulty concentrating for any length of time.	0	1	2	3	4	5
5 I feel tense and unable to relax.	0	1	2	3	4	5
6 I have lots of aches and pains.	0	1	2	3	4	5
7 I have difficulty sleeping, or wake early.	0	1	2	3	4	5
8 I have difficulty making decisions.	0	1	2	3	4	5
9 I am generally more moody than usual.	0	1	2	3	4	5
10 I suffer from indigestion or nausea.	0	1	2	3	4	5
11 I tend to avoid difficult situations.	0	1	2	3	4	5
12 I have difficulty absorbing new information.	0	1	2	3	4	5
13 I sometimes feel panicky.	0	1	2	3	4	5
14 I suffer from frequent headaches.	0	1	2	3	4	5
15 I have noticed a definite increase/decrease in my appetite.	0	1	2	3	4	5
16 I tend to worry about many things.	0	1	2	3	4	5
17 I sometimes feel very pessimistic.	0	1	2	3	4	5
18 I sometimes feel my heart racing and feel breathless.	0	1	2	3	4	5
19 I avoid social situations and feel more withdrawn.	0	1	2	3	4	5
20 I tend to question my ability and have negative thoughts.	0	1	2	3	4	5
21 I feel generally more anxious.	0	1	2	3	4	5
22 I tend to go to the toilet quite often.	0	1	2	3	4	5
23 I have stopped doing some of the things I used to enjoy.	0	1	2	3	4	5
24 I feel less confident in doing things I used to do.	0	1	2	3	4	5
<i>Add any other significant effects of stress you may have experienced.</i>						
25	0	1	2	3	4	5
26	0	1	2	3	4	5