

# Symptoms of Stress

This self-assessment exercise will help you recognise signs of distress.

Read each item and circle the number, which best reflects how often you have had that symptom in the last three months, using the following scale.

**0 = hardly ever, 1 = sometimes, 2 = often, 3 = very often**

You may wish to discuss your assessment with a sympathetic friend or family member to see if they are aware of something you missed. Remember the symptoms listed may be caused by factors other than stress.

After three weeks of regular relaxation practise, put a mark alongside those symptoms that have improved.

## MOOD

I feel nervous, anxious, ill at ease	0 1 2 3
I worry excessively	0 1 2 3
I feel keyed up, overexcited	0 1 2 3
I become confused or forgetful	0 1 2 3
I have difficulty concentrating	0 1 2 3
I feel generally irritable	0 1 2 3
I become depressed	0 1 2 3
I feel bored or apathetic	0 1 2 3
I cry easily	0 1 2 3
I have sudden emotional outbursts	0 1 2 3
Other	0 1 2 3

## ORGANS

I feel my heart pounding	0 1 2 3
I breath rapidly	0 1 2 3
My stomach becomes upset	0 1 2 3
I perspire easily	0 1 2 3
I feel light headed or faint	0 1 2 3
My mouth and throat become dry	0 1 2 3
I experience cold hands or feet	0 1 2 3
I need to urinate often	0 1 2 3
I have diarrhoea or constipation	0 1 2 3
My face feels flushed	0 1 2 3
My blood pressure is high	0 1 2 3
Other	0 1 2 3

## MUSCLES

My hands and fingers tremble	0 1 2 3
I develop nervous twitches	0 1 2 3
I can't sit or stand still	0 1 2 3
My muscles become tense & stiff	0 1 2 3
I stutter or stammer when I speak	0 1 2 3
I clench my jaw or grind my teeth	0 1 2 3
I develop headaches or eye tension	0 1 2 3
I experience low back pain	0 1 2 3
I feel very fatigued	0 1 2 3
Other	0 1 2 3

## BEHAVIOUR

I am short-tempered with others	0 1 2 3
I become withdrawn	0 1 2 3
I am achieving less than normal	0 1 2 3
My appetite has changed markedly	0 1 2 3
My sex drive has increased/decreased	0 1 2 3
I sleep too long / stay in bed	0 1 2 3
I suffer from insomnia	0 1 2 3
I have minor accidents / make more mistakes	0 1 2 3
I increase my medication	0 1 2 3
I use more drugs, alcohol, etc.	0 1 2 3
I carry out useless repetitious movements (e.g. foot-tapping)	0 1 2 3
Other	0 1 2 3