

| Stressors | | | | | |
|---|-----------|-----------|---------------|-------------|--------------|
| Please check which of the following stresses you have experienced and indicate the severity of each over the past few months . | | | | | |
| | None 0 | Mild 1 | Moderate 2 | Severe 3 | Extreme 4 |
| Physical Illness | | | | | |
| Mental Illness | | | | | |
| Conflict in relationships | | | | | |
| Abuse or bullying | | | | | |
| Work or school stress | | | | | |
| Parenting stress | | | | | |
| caregiver stress | | | | | |
| gender identity issues | | | | | |
| stress regarding sexual orientation | | | | | |
| Stress | | | | | |
| Financial concerns | | | | | |
| isolation/loneliness | | | | | |
| legal issues | | | | | |
| multiple responsibilities | | | | | |
| language and cultural barriers | | | | | |

| Totals from each column | ___x 0 points | ___x 1 point | ___x 2 points | ___x 3 points | ___x 4 points |
|--|---------------|--------------|---------------|---------------|---------------|
| Points for each column | 0 | | | | |
| Add column points together for Total Category Score | | | | | |

| Coping Behaviors and Habits | | | | | |
|---|-----------|-----------|---------------|-------------|--------------|
| Please check the extent that you have used the following coping behaviours over the past few weeks . | | | | | |
| | None 0 | Mild 1 | Moderate 2 | Severe 3 | Extreme 4 |
| Gambling | | | | | |
| Alcohol use | | | | | |
| Drug use | | | | | |
| Tobacco use | | | | | |
| Disordered eating behavior | | | | | |
| Addictive sexual behavior | | | | | |
| Risk-taking behavior | | | | | |
| Excessive spending | | | | | |
| Excessive exercise | | | | | |
| Excessive eating | | | | | |
| Excessive TV watching | | | | | |
| Excessive cleaning | | | | | |
| Excessive internet or computer use | | | | | |
| Excessive video game playing | | | | | |
| Other excessive behaviours | | | | | |

| Totals from each column | ___x 0 points | ___x 1 point | ___x 2 points | ___x 3 points | ___x 4 points |
|--|---------------|--------------|---------------|---------------|---------------|
| Points for each column | 0 | | | | |
| Add column points together for Total Category Score | | | | | |

| Life Events | | | |
|---|-----------|----------------|-------------------------|
| Please indicate the number of events you have experienced over the past year . | | | |
| | None 0 | One Event 3 | Two or More Events 4 |
| Illness of a close friend or family member | | | |
| New job | | | |
| Promotion or demotion at work | | | |
| Job loss | | | |
| Marriage | | | |
| Divorce | | | |
| Birth of a child | | | |
| Adopting a child | | | |
| Infertility | | | |
| Miscarriage | | | |
| Loss | | | |
| Becoming caregiver for a parent, child, or spouse | | | |
| Death of a friend or family member | | | |
| Death of a spouse or close other | | | |
| New diagnosis of a long term illness | | | |
| Changes in Lifestyle | | | |
| Increase or decrease in income | | | |
| Surgery | | | |
| Change in residence | | | |
| Graduation | | | |
| Other significant events | | | |

| Totals from each column | ___x 0 points | ___x 3 points | ___x 4 points |
|--|---------------|---------------|---------------|
| Points for each column | 0 | | |
| Add column points together for Total Category Score | | | |

Stress Screening Test Results

Please write your total scores for each category in the spaces below.

| | |
|-----------------------------|--|
| Symptoms | |
| Coping Behaviors and Habits | |
| Stressors | |
| Life Events | |

Scores above 12 in any one category may signify severe stress, even if your overall score is low - moderate.

For more information about stress symptoms, stress management and relaxation, please visit www.innerhealthstudio.com

| | |
|---|--|
| Add together for overall TOTAL SCORE | |
|---|--|

0 - 30 Low Stress

Your stress is probably at a manageable level right now. You are effectively coping with stress and are probably comfortable with your circumstances over the past two weeks. Relaxation has a protective effect against stress symptoms, and right now is an ideal time to start using relaxation techniques regularly.

31 - 50 Mild Stress

You may be starting to experience symptoms of stress. It is important to manage the stress now while it is still at a manageable level overall. Relaxation techniques can help to decrease stress symptoms, improve overall health, and protect you against future stress.

51 - 70 Moderate Stress

You are experiencing a moderate level of stress. Your symptoms are probably interfering with your quality of life, and you are most likely facing a number of stressful situations. It is essential to manage your stress level before it gets even higher. Relaxation techniques can provide relief from stress symptoms and counteract the harmful effects of stress.

61 - 80 Severe Stress

Your stress level is severe right now, and must be managed immediately to avoid stress induced health problems. You are probably experiencing a high number of stressful situations and many stress symptoms. It is advisable to seek support, such as speaking with a mental health professional. Relaxation can help eliminate or reduce stress symptoms and prevent stress-related health problems.

81 - 100 Extreme Stress

Your stress level is extremely high, and suggests extreme stress overload. You are probably experiencing stress induced health problems. It is important to seek support, such as speaking with a mental health professional. Relaxation is very important to help to alleviate the health problems caused by stress.

101 - 268 Dangerously High Stress

Your stress level is dangerously high. You are experiencing stress overload and your health and quality of life are suffering. It is essential to seek support, such as speaking with a mental health professional. Relaxation is vital to provide stress relief and improve your health.

This Stress Assessment does not replace medical advice and is to be used only to provide ideas about how to use relaxation to manage stress. Low scores on this test do not necessarily indicate a lack of stress. Symptoms may not necessarily be stress related and should always be checked out by a physician to rule out other causes before assuming that symptoms are caused by stress. Please speak with a health professional if you have any concerns about your health. See www.innerhealthstudio.com/disclaimer.

Stress Screening Test

Inner Health Studio:
Coping Skills and Relaxation Resources
www.innerhealthstudio.com

This quick screening tool can help identify symptoms of stress, coping behaviours and habits, stressors, and stress-causing life events.

Please fill out the checklists below, then add up your scores to interpret your test results on the last page. Your answers are completely confidential.

Symptoms of Stress

Please indicate the symptoms and severity of each that you have experienced **over the past few weeks**.

| | None 0 | Mild 1 | Moderate 2 | Severe 3 | Extreme 4 |
|--------------------------------|-----------|-----------|---------------|-------------|--------------|
| Poor sleep or changes in sleep | | | | | |
| Worrying | | | | | |
| Tension | | | | | |
| Headaches | | | | | |
| Digestive problems | | | | | |
| Pain | | | | | |
| Memory problems | | | | | |
| Difficulty concentrating | | | | | |
| Changes in appetite | | | | | |
| Feeling overwhelmed | | | | | |
| Low mood | | | | | |
| Irritability | | | | | |
| Anger | | | | | |
| Panic or anxiety | | | | | |
| High Blood Pressure | | | | | |
| Fatigue | | | | | |
| Illness | | | | | |

| | | | | | |
|--|---------------|--------------|---------------|---------------|---------------|
| Totals from each column | ___x 0 points | ___x 1 point | ___x 2 points | ___x 3 points | ___x 4 points |
| Points for each column | 0 | | | | |
| Add column points together for Total Category Score | | | | | |