

STRESS SYMPTOMS INVENTORY

Your e-mail: Date:

This questionnaire will help you be more aware of all your stress symptoms. It considers physical symptoms like muscular tension and other physical symptoms as well as emotional, intellectual, behavioral and relational symptoms which could be linked to stress

Psychological Symptoms Associated with Stress

Use the list below to indicate how many times you experience these mental stress symptoms. Add the scores at the end.

Level of frequency	
0 = never	1 = sometimes
2 = often	
Feelings of anxiety, tension or irritability	_____
Worries and/or concerns	_____
Emotional hypersensitivity (e.g., short temper, sadness, fits of anger)	_____
Lack of self-confidence	_____
Increased errors or small accidents	_____
Increased inter-relationship difficulties	_____
Eating too much or too little	_____
Sleeping difficulties (e.g., insomnia, waking up too early)	_____
Feeling that time passes too slow or too fast	_____
Difficulty paying attention or focusing on tasks	_____
TOTAL	_____

Physical Symptoms Associated with Stress

Use the list below to indicate how many times you feel these physical stress symptoms. Add the scores at the end.

Level of frequency	
0 = never	1 = sometimes
2 = often	
<u>Cardiovascular symptoms</u> Palpitations _____ Racing heart _____ Dizziness _____ Faintness _____ Fear of loss of consciousness _____ Blushing _____ Fainting _____ Migraine headaches _____ Cold hands or feet _____	<u>Gastrointestinal symptoms</u> Stomach cramps _____ Nausea _____ Vomiting _____ Flatulence (gas, burping) _____ Heartburn _____ Discomfort, fullness _____ Abdominal pain, cramps _____
<u>Muscular Symptoms</u> Muscle pain (e.g., neck, shoulders) _____ Tremor _____ Muscle shaking (spasms, cramps) _____ Severe weakness _____ Restless body or legs _____ Jaw grinding _____ Tension headaches or backaches _____	<u>Respiratory Symptoms</u> Unable to get enough air into lungs _____ Hyperventilation (shallow, fast breathing) _____ Chest constriction, oppression or pain _____
	<u>Other</u> Sweating in absence of any physical activity (e.g., sweaty hands) _____ Pimples _____
	TOTAL _____