

# How Well Are You Managing Stress?

by Amy Scholten, MPH

The following survey has been designed to give you some insight into how well you may be coping with stress. Please keep in mind that this is a *general* assessment of stress levels, not a diagnostic tool. Please see a mental health care provider for more in-depth testing.

**Directions:** Please read each statement carefully and select the answer that best describes your situation. Circle the number (1, 5 or 10) that corresponds with each answer. When finished, add all of your points and interpret your score at the bottom of the page.

**1. I have a strong group of friends to whom I can turn for support.**

Frequently – 1

Sometimes – 5

Rarely or never – 10

**2. I feel “stressed out” (worried, nervous, tense).**

Frequently – 10

Sometimes – 5

Rarely or never – 1

**3. I feel that I have too much to do.**

Frequently – 10

Sometimes – 5

Rarely or never – 1

**4. I use alcohol, drugs or other substances to help myself relax.**

Frequently – 10

Sometimes – 5

Rarely or never – 1

**5. I skip meals because I am too busy to eat.**

Frequently – 10

Sometimes – 5

Rarely or never – 1

**6. I tend to hold grudges.**

Frequently – 10

Sometimes – 5

Rarely or never – 1

**7. I am happy with my partner (or I am happily single).**

Frequently – 1

Sometimes – 5

Rarely or never – 10

**8. I worry about finances.**

Frequently – 10

Sometimes – 5

Rarely or never – 1

**9. I feel that my life has meaning and purpose.**

Frequently – 1

Sometimes – 5

Rarely or never – 10

**10. I catch colds/influenza.**

More than 3 times per year – 10

Between 2-3 times per year – 5

Once a year or less – 1

**11. I tend to have positive relationships with other people.**

Frequently – 1

Sometimes – 5

Rarely or never – 10

**12. I exercise for one half hour or longer.**

Four times per week or more – 1

Three times per week – 5

Less than three times per week – 10

**13. I'm a smoker.**

Yes – 10

No – 1

**14. I eat junk food, fast food, and/or sugary snacks.**

Frequently – 10

Sometimes – 5

Rarely or never – 1

**15. I feel impatient and/or irritable.**

Frequently – 10

Sometimes – 5

Rarely or never – 1

**16. It's difficult for me to talk about my feelings.**

Frequently – 10

Sometimes – 5

Rarely or never – 1

**17. I tend to be a negative thinker, expecting the worst.**

Frequently – 10

Sometimes – 5

Rarely or never – 1

**18. I expect things to be perfect and get irritated when they're not.**

Frequently – 10

Sometimes – 5

Rarely or never – 1

**19. I have high self-esteem.**

Frequently – 1

Sometimes – 5

Rarely or never – 10

**20. I get at least 7 hours of sleep per night.**

Frequently – 1

Sometimes – 5

Rarely or never – 10

**21. My job stresses me out.**

Frequently – 10

Sometimes – 5

Rarely or never - 1

**22. I have a supportive family.**

Frequently -1

Sometimes – 5

Rarely or never – 10

**23. I have a fast, pounding heartbeat, tension headaches, cold/clammy hands or feet, or have racing thoughts.**

Frequently – 10

Sometimes – 5

Rarely or never – 1

**24. I feel I have adequate time for relaxation and leisure.**

Frequently – 1

Sometimes – 5

Rarely or never – 10

**25. I have difficulty adapting to change.**

Frequently – 10

Sometimes – 5

Rarely or never - 1

## **Personal Stress Management Score**

**25-50** Your score suggests that you have a low level of stress and good coping skills.

**51-100** Your score suggests that you have a moderate level of stress and could benefit from some stress management techniques.

**101-150** Your score suggests that your stress level is high enough to pose a threat to your health, relationships and work. You need to make some lifestyle changes to reduce your level of stress.

**151-250** Your score suggests that you have a high to very high level of stress. This could put you at a high risk of developing a stress-related illness and burnout. You need to take immediate steps to reduce your level of stress. Please consider seeking help from a professional mental health care provider as soon as possible.

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