

1 DO YOU HAVE STRESS SYMPTOMS?

Stress can take its toll in many different ways. How many symptoms do you have?

Check off your symptoms on the list below to test your stress level.

- | | |
|---------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Overeating | <input type="checkbox"/> Muscle tension |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Overspending |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Apathy | <input type="checkbox"/> Irritability |
| <input type="checkbox"/> Cold sweats | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Tightness in belly |
| <input type="checkbox"/> Forgetfulness | <input type="checkbox"/> Teeth grinding |
| <input type="checkbox"/> Back pain | <input type="checkbox"/> Shallow/rapid breathing |
| <input type="checkbox"/> Oversleeping | <input type="checkbox"/> Rapid pulse |
| <input type="checkbox"/> Blue mood | <input type="checkbox"/> Heartburn |
| <input type="checkbox"/> Tightness in chest | <input type="checkbox"/> Emotional outbursts |
| <input type="checkbox"/> Excessive alcohol use | <input type="checkbox"/> Skin rashes |
| <input type="checkbox"/> Impatience | <input type="checkbox"/> Pounding heart |
| <input type="checkbox"/> Burnout | <input type="checkbox"/> Loss of sexual interest |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> End-of-day exhaustion |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Loss of appetite |
| <input type="checkbox"/> Inability to concentrate | <input type="checkbox"/> Nausea/stomach upset |
| <input type="checkbox"/> Addictive behaviors | <input type="checkbox"/> Feeling overwhelmed/helpless |

SCORING YOUR LEVEL OF STRESS

Even one of these symptoms suggests that stress could be a problem in your life.

A few symptoms suggest that stress may be a detrimental factor to your health.

Several symptoms suggest that stress may be taking a serious toll on your vitality and longevity.

2 FIND YOUR SOURCES OF STRESS

Are you making choices that create stress in your life?

To identify your sources of stress, write the number of points (your best estimate for each stressor) on each scoreline. Increase the number of points if a stressor is particularly intense. You may be surprised at which areas of your life have the highest amount of stress.

DAILY DIET

- ___ **Sugar:** Pies, cakes, cookies, candy, soda, ice cream, chocolate, desserts, foods with added sugar, honey, etc., 1 pt for each serving per day
- ___ **Caffeine:** Coffee, tea, cola drinks, Anacin, NoDoz, Vivarin, etc., 1 pt for each cup or dose per day
- ___ **Alcohol:** Beer (8 oz), Wine (4-6 oz), Liquor (1 oz), 1 pt for each serving beyond 1 per day
- ___ **Refined Carbohydrates:** White bread, white flour, refined prepared foods, junk foods, etc., 1/2 pt for each serving per day
- ___ **High Fats:** Fatty meats, sausages, etc., 1 pt for each serving per day
- ___ **Vegetables:** 0-1 servings daily = 2 pts
2-3 servings daily = 1 pt
4+ servings daily = 0 pts

LIFESTYLE

- ___ **Nicotine:** (Per day) – Each 10 cigarettes, 2 pts
Each cigar or pipe, 1 pt; For chewing, 2 pts
- ___ **Drugs:** Daily use of pain relievers, sleeping pills, antidepressants, tranquilizers, marijuana or other recreational drugs, 1 pt each for each dose per day
- ___ **Weight:** More than 10 lbs. underweight, 1 pt
Overweight, 1 pt for every 10 lbs over
- ___ **Exercise:** 30 minutes or more, 3 times/week, 0 pts
Some, 1-2 times/week, 3 pts; No exercise, 6 pts
- ___ **Environment:** Work in or live near pollution (air, soil, building or other) or allergens, 1 pt each occurrence per day
- ___ **Sleep:** “I get too little sleep” 2-3 pts
- ___ **Relaxation:** “I don’t have time to relax” 1-3 pts
- ___ **Marriage/Relationships:** Unhappy, 1-2 pts
Very unhappy, 2-4 pts

WORK

- ___ **Frustration at job:** Mild, 1 pt; High, 2-3 pts
- ___ **Lack of authority:** “I’m not trusted”; “I’m overworked”; variable work shifts, 2 pts each
- ___ **Heavy labor** and not physically fit, 6 pts

THOUGHTS AND FEELINGS

Life Changes

- ___ **Death of beloved,** 3-5 pts
- ___ **Divorce or separation,** 2-5 pts
- ___ **fired at work; loss or illness of loved one; personal injury; jail term; marriage; retirement; pregnancy; new family member; job change; financial debt; other changes.** 1-5 pts each. You judge intensity.

Emotions

- ___ **“I often feel...”:** hopeless; depressed; guilty; I’m a failure; I can’t get ahead in life; unloved; anxious; unlovable; fearful; angry; frustrated; suffocated; out of control; other toxic emotions. 1-5 pts each. You judge intensity.

TOTAL

SCORING YOUR SOURCES OF STRESS...

- 0-5 pts: Suggests a relatively stressor-free life.
- 6-15 pts: Time to reduce the sources of stress.
- 16-25 pts: Significant health challenges. Plan a treatment strategy today and consider professional help.
- 26+ pts: Urgent problems! Get professional help promptly.

NOTE: Even one symptom or stressor taken to its extreme can cause a serious loss of vitality and longevity.