



# HOW STRESSED ARE YOU?

Source: Headington Institute

Please note: this scale is not a clinical diagnostic instrument and is provided for educational purposes. It merely identifies some of the more common symptoms of stress. If you have any concerns about your state of emotional health, you should consult with a mental health professional.

**INSTRUCTIONS:** In the last month, how often has the following been true for you?

Write the number that fits your reality on the line before each question.

0 | Never    1 | Seldom    2 | Sometimes    3 | Often    4 | Always

- |  |  |
|--|--|
| ___ 1. I feel tired.   | ___ 14. I use caffeine or nicotine more than usual.  |
| ___ 2. I find it very hard to relax or “wind-down.”  | ___ 15. I feel overwhelmed and helpless.   |
| ___ 3. I find it hard to make decisions.   | ___ 16. I have nervous habits (e.g., biting my nails, grinding my teeth, fidgeting, pacing, etc).                          |
| ___ 4. My heart races and I find myself breathing rapidly.   | ___ 17. I forget little things (e.g. where I put my keys, people’s names, details discussed during the last work meeting). |
| ___ 5. I have trouble thinking clearly.  | ___ 18. I have stomach upsets (e.g., nausea, vomiting, diarrhea, constipation, gas).                                       |
| ___ 6. I eat too much or too little.   | ___ 19. I am irritable and easily annoyed.   |
| ___ 7. I get headaches.  | ___ 20. I have mood-swings and feel over-emotional.  |
| ___ 8. I feel emotionally numb.  | ___ 21. I find it hard to concentrate.   |
| ___ 9. I think about my problems over and over again during the day.   | ___ 22. I have trouble feeling that life is meaningful.  |
| ___ 10. I have sleeping problems (e.g., trouble falling asleep, trouble staying asleep, trouble waking up, nightmares, etc). | ___ 23. I am withdrawn and feel distant and cut off from other people.   |
| ___ 11. I have trouble feeling hopeful.  | ___ 24. I use alcohol and/or other drugs to try and help cope.   |
| ___ 12. I find myself taking unnecessary risks or engaging in behavior hazardous to health and/or safety.                    | ___ 25. My work performance has declined and I have trouble completing things.   |
| ___ 13. I have back and neck pain, or other chronic tension-linked pain  |  |

**TOTAL SCORE:** \_\_\_\_\_



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## INTERPRETATION GUIDELINES

### **0 – 25:**

A score in this range suggests that you're probably in great stress-shape!

### **26 – 50:**

A score in this range suggests that you may be experiencing a low to moderate degree of stress.

### **51 – 75:**

A score in this range suggests you may be experiencing a moderate to high degree of stress.

### **76 – 100:**

A score in this range suggests that you may be experiencing a very high degree of stress.