

Name or initials: _____

Date: _____

Stress Symptom Checklist

Instructions: Check or circle each item that describes a symptom you have experienced to any significant degree during **the last month**.

Physical Symptoms

- Headaches (migraine or tension)
- Backaches, tight muscles
- Neck and shoulder stiffness or pain
- Jaw tension
- High blood pressure
- Nervous stomach, nausea
- Current prescription medications _____

- Current medical problems _____

- Insomnia (sleeping poorly) or sleeping too much
- Fatigue, lack of energy
- Cold hands and/or feet
- Tightness or pressure in the head
- Muscle cramps, spasms, or PMS symptoms
- Diarrhea
- Skin condition (e.g., rash)
- Allergies _____
- Teeth grinding
- Digestive upsets (cramps, bloating)
- Heart beats rapidly or pounds, even at rest
- Stomach pain or ulcer
- Constipation
- Hypoglycemia (low-blood sugar)
- Appetite loss
- Overeating, purging, or avoiding eating
- Profuse perspiration
- Weight change – gain or loss of _____ lbs
- Physical neglect or self-mutilation
- Abuse of alcohol, cigarettes, caffeine, or recreational drugs (circle) _____

Evaluate your overall stress level as follows:

Stress level at present --

- ___ Low
- ___ Moderate
- ___ High
- ___ Very High

Psychological Symptoms

- Anxiety, nervousness
- Depression, sad mood
- Confusion or "spaciness"
- Irrational fears _____

- Compulsive behaviors _____

- Forgetfulness, memory problems
- Feeling "overloaded" or "overwhelmed"
- Hyperactivity—feeling you can't slow down
- Mood swings
- Loneliness
- Problems with relationships
- Dissatisfied/unhappy with work/school
- Difficulty concentrating or paying attention
- Frequent irritability
- Restlessness, agitation
- Frequent boredom
- Frequent obsessional thoughts _____
- Guilt feelings
- Anger/temper flare-ups
- Crying spells
- Nightmares
- Apathy
- Sexual problems _____
- Thoughts or fears about hurting myself
- Thoughts or fears about hurting others
- _____

Relationship Problem Areas

- Communication
- Trust
- Time together
- Arguing & conflicts
- Money
- In-laws
- Parenting
- Household responsibilities
- Sex
- Physical, verbal, or other abuse
- _____