

Name: _____

STRESS LEVEL PROFILE

Date: _____

Instructions: Read each statement below and enter the number to the right of it that best represents you and your behavior at this time.

1 – Not at all 2 – Slightly 3 – Moderately 4 – Very Much

- 1. I often lose my appetite or eat when I am not hungry. _____
- 2. My decisions seem to be more impulsive than planned, I tend to feel unsure about my choices and often change my mind. _____
- 3. The muscles of my neck, back and stomach frequently get tense. _____
- 4. I have thoughts and feelings about my problems that run through my mind for much of the time. _____
- 5. I have a hard time getting to sleep, wake up often or feel tired. _____
- 6. I feel the urge to cry or get away from my problems. _____
- 7. I tend to let anger build up and then explosively release my temper in some aggressive way or destructive way. _____
- 8. I have nervous habits (tapping my fingers, shaking my leg, pulling my hair, scratching, wringing my hands, etc.) _____
- 9. I often feel fatigued, even when I have not been doing physical work. _____
- 10. I have regular problems with constipation, diarrhea, or upset stomach. _____
- 11. I tend not to meet my expectations wither because they are unrealistic or I have taken on more than I can handle. _____
- 12. I periodically lose my interest in sex. _____
- 13. My anger gets aroused easily. _____
- 14. I often have bad unhappy dreams or nightmares. _____
- 15. I tend to spend a great deal of time worrying about things. _____
- 16. My use of alcohol, coffee, cigarettes, and/or drugs has increased. _____
- 17. I feel anxious, often without any reason that I can identify. _____
- 18. In conversation my speech tends to be weak, rapid, broken or tense. _____
- 19. I tend to be short tempered and irritable with people. _____
- 20. Delays, even ordinary ones, make me fiercely impatient. _____

CHALLENGES CHECKLIST

Using a scale of 1-5 (with 1 being LEAST important and 5 being MOST important), place the appropriate number on the lines below. Leave blank the issues that don't apply to you.

___ Need a job ___ Drink too much What and how much? _____

___ Worn out by a job ___ Cannot save money-- ___ Long term ___ Short term

___ Weight problems -- Weight _____ Height _____ Desired Weight _____

___ Eat too much – What? _____ ___ Not enough exercise Minutes/week _____

___ Cannot get ahead ___ Problems with co-workers or boss ___ Dissatisfied with appearance

___ Dislike Job ___ Dislike school ___ Bad Habits _____

___ Drug Problems Describe _____ How often? _____

___ Want to quit smoking—Cigarettes/day _____ Blood pressure too High ___ or too Low ___
 ___ Different than other—Describe _____
 ___ Difficulty falling asleep ___ Fear responsibility ___ Cannot stay asleep
 ___ Poor Memory ___ Anger Quickly ___ Violent/verbally abusive when angry
 ___ Studying is dull ___ Do not trust others ___ Read too slowly
 ___ Poor Concentration ___ Too sensitive ___ Fears/Issues of what? _____
 ___ Do not communicate ___ Speech problems ___ Fear of public speaking
 ___ Afraid of people ___ Low self-esteem ___ Think about suicide. When _____
 ___ Lack skills ___ Poor vision ___ Wear glasses
 ___ Fear of dying ___ Too emotional ___ Too nervous
 ___ Procrastinate a lot --- At work ___ With personal stuff ___ With school ___
 ___ Guilty feelings ___ Poor organization ___ Negative reaction to stress
 ___ Difficulty relaxing ___ Bad dreams ___ Feel awkward
 ___ Would like to raise income – Presently: \$ ___/yr. Desired: \$ ___/yr. How soon? _____
 ___ Desire a promotion ___ Work to dull ___ Want to change career/job
 ___ Work too dull ___ Afraid to take risks—Personal ___ Business ___
 ___ Cannot express emotions---Specify _____
 ___ Dislikes people ___ Frequently cry ___ Blame others
 ___ Menopause difficulties ___ Physical pain ___ Want to know my life mission
 ___ Need more goals ___ Allergies—Types/symptoms _____
 ___ Spiritual problems ___ Trouble making decisions ___ Lack of motivation/ambition
 ___ Lack of education ___ Lack of imagination ___ Still grieving _____
 ___ Difficulty meeting people—For business ___ or Personal ___
 ___ No time to relax ___ Desire more fun ___ Unwanted emotions _____
 ___ Feel lonely ___ Too shy ___ Want a love relationship
 ___ Want more emotions—(specify) _____
 ___ Desire more sex ___ Unhappy Marriage ___ Depression: Frequency _____
 ___ Hearing Impairment ___ Too Pessimistic ___ Legal Problems
 ___ Divorce—Contemplating ___ Going through ___ ___ Trouble with children
 ___ Relationship—Break up ___ or Breaking up ___ ___ Trouble with a loved one
 ___ Quarreling at home ___ Difficulty making friends ___ Am not assertive Business ___ Personally ___
 ___ Fear of poor healthy ___ Lack of energy ___ Cannot get up in the morning
 ___ Get sick a lot ___ Aging faster than I prefer ___ Fear of mental health worsening

List any other challenges or comments _____

