

### **STRESS QUESTIONNAIRE**

*(Simplified self-scoring test for gauging stress and tension levels)*

**Circle the appropriate number for each item.**

|     | <b>Behaviour</b>   | <b>Often</b> | <b>A Few Times<br/>a Week</b> | <b>Rarely</b> |
|-----|--|--------------|-------------------------------|---------------|
| 1.  | I feel tense, anxious or have nervous indigestion  | 2            | 1                             | 0             |
| 2.  | People at TAFE/work/home make me feel tense  | 2            | 1                             | 0             |
| 3.  | I eat/drink/smoke in response to tension   | 2            | 1                             | 0             |
| 4.  | I have tension or migraine headaches, or pain in the neck or shoulders, or insomnia                          | 2            | 1                             | 0             |
| 5.  | I can't turn off my thoughts at nights or on weekends long enough to feel relaxed and refreshed the next day | 2            | 1                             | 0             |
| 6.  | I find it difficult to concentrate on what I'm doing because of worrying about other things                  | 2            | 1                             | 0             |
| 7.  | I take tranquilisers or other drugs to relax   | 2            | 1                             | 0             |
| 8.  | I have difficulty in finding enough time to relax  | 2            | 1                             | 0             |
| 9.  | Once I find time, it is hard for me to relax   | 2            | 1                             | 0             |
| 10. | My day is made up of many deadlines  | 2            | 1                             | 0             |

Now add up all the numbers you circled.

**My Total Score is** \_\_\_\_\_

**Rating:**

**0 – 6            Mild Stress**  
**7 – 12        Moderate Stress**  
**13 -18        High Stress**