

STRESS SYMPTOM CHECKLIST

Name: _____ Date: _____

Please consider the way that you have felt over the past week and rate the symptoms listed below according to the scale provided.

1= did not notice 2= weak, or 1 to 2 times 3= moderate, or 3 to 4 times
 4= moderate, or 4 to 5 times 5= severe, or every day

1. Nausea.....	1	2	3	4	5
2. Headache.....	1	2	3	4	5
3. Constipation.....	1	2	3	4	5
4. Temper outburst/Irritability.....	1	2	3	4	5
5. Chills.....	1	2	3	4	5
6. Aches/Pain.....	1	2	3	4	5
7. Restlessness/Fidgety.....	1	2	3	4	5
8. Frequent Urination.....	1	2	3	4	5
9. Change in appetite.....	1	2	3	4	5
10. Acid stomach/Indigestion.....	1	2	3	4	5
11. Difficulty in sleeping.....	1	2	3	4	5
12. Jaw clenching/Grinding teeth.....	1	2	3	4	5
13. Rapid heartbeat.....	1	2	3	4	5
14. Feelings of foreboding or doom.....	1	2	3	4	5
15. Dizziness.....	1	2	3	4	5
16. Muscle tension.....	1	2	3	4	5
17. Clammy /Sweaty hands.....	1	2	3	4	5
18. Hot flashes.....	1	2	3	4	5
19. Fatigue.....	1	2	3	4	5
20. Depressed/Listless.....	1	2	3	4	5
21. Crying easily/Crying spells.....	1	2	3	4	5
22. Difficulty in concentration.....	1	2	3	4	5
23. Confusion.....	1	2	3	4	5
24. Dry mouth.....	1	2	3	4	5
25. Difficulty swallowing.....	1	2	3	4	5
26. Spasms, twitches, tics.....	1	2	3	4	5
27. Cold hands or feet.....	1	2	3	4	5
28. Stomach cramps.....	1	2	3	4	5
29. Diarrhea.....	1	2	3	4	5
30. Trembling.....	1	2	3	4	5
31. Forgetfulness.....	1	2	3	4	5
32. Neck pain.....	1	2	3	4	5
33. Itching.....	1	2	3	4	5
34. Skin problems/Rashes/Acne.....	1	2	3	4	5
35. Increased perspiration.....	1	2	3	4	5
36. Chest pains.....	1	2	3	4	5
37. Ragged breathing.....	1	2	3	4	5
38. Tingling or numbness.....	1	2	3	4	5
39. Stammering or speech difficulty.....	1	2	3	4	5
40. Feeling hurried.....	1	2	3	4	5
41. Sexual difficulties.....	1	2	3	4	5
42. Other _____	1	2	3	4	5