

Stress Questionnaire

This questionnaire is designed to measure the way you feel about the personal stress that you experience – especially as it relates to the problem(s) for which you are seeking counseling. Please complete this questionnaire before you begin counseling/coaching. I will likely ask you to complete it again at the end of your treatment. This helps me to verify the effectiveness of our time together. It is not a test, so there are no right or wrong answers. Like all your records, this questionnaire will remain confidential.

Please answer each item as carefully and as accurately as you can by placing a number beside each one as follows:

- 1 = None of the time
- 2 = Rarely
- 3 = Some of the time
- 4 = Most of the time
- 5 = All of the time

1. _____ I feel extremely tense.
2. _____ I feel very jittery.
3. _____ I feel overwhelmed.
4. _____ I feel very relaxed
5. _____ I feel so anxious I want to cry.
6. _____ I feel so stressed that I'd like to hit something.
7. _____ I feel very calm and peaceful.
8. _____ I feel like I am stretched to the breaking point.
9. _____ It is very hard for me to relax.
10. _____ It is very easy for me to fall asleep at night.
11. _____ I feel an enormous sense of pressure on me.
12. _____ I feel like my life is going very smoothly.
13. _____ I feel very panicked.
14. _____ I feel that I am losing control of my life.
15. _____ I feel wound up like a coiled spring.
16. _____ I feel that I can't keep up with all the demands on me.
17. _____ I feel tense and angry with those around me.
18. _____ I feel I must race from one task to the next.
19. _____ I feel that I just can't keep up with everything.
20. _____ I feel very much on edge.

Pre: _____ Post: _____