Stress Symptom Checklist

Check each item that describes a symptom you have experienced to any significant degree during the last month.

☐	Headache (migraine or tension)	☐	Shallow breathing pattern
☐	Neck, shoulder and/or back pain	☐	Hypertension
☐	Neck and shoulder pain	☐	Anxiety
☐	Jaw tension	☐	Irrational fears
☐	Muscle cramps, spasms	☐	Depression
☐	Stomach pain, ulcer or nausea	☐	Confusion
☐	Heartburn	☐	Compulsive behaviour
☐	General malaise	☐	Difficulties concentrating
☐	Disconnection body and mind	☐	Loss of memory
☐	Insomnia	☐	Difficulties in making decisions
☐	Fatigue	☐	Mood swings
☐	Lack of energy	☐	Restlessness
☐	Cold hands and or feet	☐	Irritability, temper flare-ups
☐	Pressure in head	☐	Crying spells
☐	Diarrhoea or constipation	☐	Nightmares
☐	Skin condition	☐	Apathy
☐	Unexplained or frequent allergie attacks	☐	Sexual problems
☐	Bruxism (teeth grinding)	☐	Relationship problems
☐	Increased perspiration	☐	Weight change
☐	Frequent cold, flue or infections	☐	Overeating
☐	Increased heart beat at rest	☐	Feeling stressed
☐	Increased smoking, alcohol or drug use	☐	Tinitus
☐	Loneliness	☐	Reduced work efficiency
☐	Social isolation	☐	Feeling overloaded or unable to cope
☐	Loss of motivation	☐	Drop in work performance

Number of items checked

1 to 7 = Low	8 to 14 = Moderate	15 to 21 = High	22+ = Very High

This test is for information purposes only. This test is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions you may have regarding a medical condition. Never disregard professional medical advice or delay in seeking.