



Personal Organization & Stress Management

Stress Test

Read each statement and think about how well it fits the way you feel. Then decide which of the following most closely describes how often it happens to you:

	ONCE A WEEK	ONCE A MONTH	RARELY
1. I have trouble sleeping.	_____	_____	_____
2. I feel irritable without an obvious reason.	_____	_____	_____
3. I feel like crying.	_____	_____	_____
4. I'm aware of being afraid of illness or disease.	_____	_____	_____
5. I'm forgetful.	_____	_____	_____
6. It's difficult for me to show my feelings.	_____	_____	_____
7. I don't have the energy to do things I once enjoyed.	_____	_____	_____
8. I have trouble making up my mind.	_____	_____	_____
9. I feel isolated and don't have anyone to turn to.	_____	_____	_____
10. My heart feels like it's beating too fast.	_____	_____	_____
11. I'm very uncomfortable in open (or closed) spaces.	_____	_____	_____
12. I feel pressured to rush on to another task before I have completed one job properly.	_____	_____	_____
13. I have stomach pains and/or nausea.	_____	_____	_____
14. I have to hold back my anger.	_____	_____	_____
15. It's not easy for me to relax or laugh.	_____	_____	_____
16. I feel restless.	_____	_____	_____

Scoring the Stress Test:

Score 2 points for each time you checked "Once a Week." Score 1 point for each time you checked "Once a Month." Score 0 points for each time you checked "Rarely." Add up the total.

If your score adds up to 15 or more, you may be experiencing significant emotional reactions to stress. The signs are a warning that it might be advisable to seek advice as well as taking stress-reducing measures.

Total Points: _____

Source: St. Louis County Child Mental Health Services