

Ministry of Social Security, National Solidarity & Reform Institutions

Stress Measurement Questionnaire (In English – for adults)

Particulars of Participant

Gender

Age.....

Marital Status

Profession.....

<u>Questions</u>	(3 pts) Quite often	(2 pts) Sometimes	(1 pt) Rarely
1. Do you neglect your diet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you try to do everything yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you seek help while doing your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you blow up easily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you seek unrealistic goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you fail to see the humour in situations others find funny?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you get easily irritated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you make a 'big deal' of everything?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you complain that you are disorganized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you keep everything inside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you neglect doing physical exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you feel the absence of supportive relationships in difficult moments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you feel you get too little rest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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| 14. Do you get angry when you are kept waiting? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are you aware of your being under stress? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do you put off things until later? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Do you feel that there is only one right way to do something? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Do you complain and dwell in the past? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Do you race through the day? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Do you feel that you have got too much to do at the same time? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Interpretation of Scores

20 points: The person has no stress at all.

20 – 40 points: good management of stress.

40 – 50 points: The person is in DANGER zone.

50 – 60 points: The person has unmanaged stress and needs counseling urgently.