



Individual Stress Inventory

To understand you better, it would be helpful to know how you deal with stress. What are the sources of stress in your life? How do you react to stress in your life? How do you react to stress? Please answer the following questions in terms of your current life situation.

Name _____ Today's date _____

Age _____ Marital status _____ Gender _____ Occupation _____

I live with (please circle all appropriate items):

alone parents spouse/equivalent children friends pet

others (write in) _____

Sources of Stress

Please indicate how stressful each of the following items are for you. Place a number after each item, 0 through 10. Zero equals no stress at all, 10 equals maximum stress.

- | | | | |
|--------------------------|-------|------------------------------|-------|
| 1. My health | _____ | 13. Spiritual/religious life | _____ |
| 2. Someone else's health | _____ | 14. Hobbies/recreation | _____ |
| Getting along with my: | | 15. Vacations | _____ |
| 3. parents | _____ | 16. Where I live | _____ |
| 4. children | _____ | 17. Where I work | _____ |
| 5. spouse/equivalent | _____ | 18. Personal problems | _____ |
| 6. brothers/sisters | _____ | 19. Time pressures | _____ |
| 7. friend | _____ | 20. My own expectations | _____ |
| 8. coworkers | _____ | 21. Legal problems | _____ |
| 9. Work of school | _____ | Others (write in): | |
| 10. Finances | _____ | 23. _____ | _____ |
| 11. Sexual matters | _____ | 24. _____ | _____ |
| 12. Responsibilities | _____ | 25. _____ | _____ |

Reactions to Stress

Please indicate the ways in which you react to stress. Place a number after each item, 0 through 10. Zero means I never react to stress this way; 10 means I react to stress this way often and severely.

- | | |
|---------------------------------|------------------------------------|
| 1. Chest pains _____ | 23. Talk too much _____ |
| 2. Stomach trouble _____ | 24. Sleep problems _____ |
| 3. Rapid heartbeat _____ | 25. Trouble concentrating _____ |
| 4. Diarrhea _____ | 26. Memory difficulties _____ |
| 5. Skin problems _____ | 27. Can't make decisions _____ |
| 6. Excessive perspiration _____ | 28. Living in past or future _____ |
| 7. Allergies _____ | 29. Confused _____ |
| 8. High blood pressure _____ | 30. Low self-esteem _____ |
| 9. Arthritis _____ | 31. Eat too much _____ |
| 10. Cold hands or feet _____ | 32. Alcohol or drug use _____ |
| 11. Chronic fatigue _____ | 33. Smoke _____ |
| 12. Frequent illnesses _____ | 34. Inappropriate fears _____ |
| 13. Tense muscles _____ | Feelings: |
| 14. Difficult breathing _____ | 35. anger _____ |
| 15. Asthma _____ | 36. lonely _____ |
| 16. Nervous tics _____ | 37. trapped _____ |
| 17. Headaches _____ | 38. anxious _____ |
| 18. Back pain _____ | 39. restless _____ |
| 19. Nausea _____ | 40. irritable _____ |
| 20. Chew nails _____ | 41. helpless _____ |
| 21. Constipation _____ | 42. depressed _____ |
| 22. Fidgety _____ | 43. Other _____ |

Compared to the average person, the amount of stress that I must deal with is (circle the appropriate number)

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____
 Far below Average Average Far above Average

Compared to the average person, my ability to deal effectively with stress is (circle the appropriate number)

0 _____ 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____
 Far below Average Average Far above Average