

Conscious living with subconscious principles



Lynn C. Swearingen, CH, CI

NFNLP Certified Neuro-Linguistic Hypnotist
NGH Certified Instructor

PERSONAL STRESS ASSESSMENT

| Name | |
|----------------|--|
| Mobile Phone _ | |
| Email | |

INSTRUCTIONS: The questions below are designed to help you to put your personal situation into perspective. *This is not a scientific survey*. The purpose of this assessment is to assist you in thinking about (evaluating) to what degree you are under stress. By putting a number to the severity of stress symptoms and behaviors, you can better understand the level of emotional and physical upset you are experiencing today.

IMPORTANT: <u>Use the last 2 weeks as your time</u> <u>frame and use the following rating scale</u>.

- ✓ 0 = Never
- ✓ 1 = Sometimes
- ✓ 2 = Often
- ✓ 3 = Very Often (stress is negatively affecting my emotional and physical health)

| Headaches | Over-Eating or Loss of Appetite |
|---------------------|---------------------------------|
| Look of Energy | |
| Lack of Energy | Diarrhea or Constipation |
| Aching Neck, | Stomach Discomfort/ |
| Shoulders, Muscle | Heartburn/ |
| Tension | Indigestion |
| Lower Back Pain | Difficulty Swallowing |
| | or Dry Mouth |
| Tiredness, Fatigue, | Tremors, Tics, |
| Lethargy | Twitches, Shaky, |
| | Nervous |
| Pounding Heart | Excessive Drinking |
| Rapid Pulse | Excessive Smoking |

| Increased Perspiration/Clammy Hands | Excessive Spending |
|---|--|
| Rapid Breathing | Excessive Drug or Medication Use |
| Gritting Teeth or Clenching Jaw | Feeling Hopeless or Helpless |
| Grinding Teeth | Feeling Restless |
| Nail Biting / Hair Pulling or Twirling / Figeting | Intrusive or Racing Thoughts |
| Cold Hands and/or Feet | Worrisome Thoughts / Anxiety and/or Panic |
| Nausea | Increased Irritability and/or Anger |
| Hives or Skin Rash | Feeling Nervous or Anxious |
| Tightness in Chest | Feeling Moody / Sad / Upset |
| Impatience | Feelings of Depression |
| Difficulty Sleeping | Forgetfulness |
| Loss of Sexual Interest | Memory lapse/ difficulty concentrating/ indecision |
| Periods of Crying | Frequent Absences from Work/lower productivity |
| Loss of Sense of | General Feeling of |
| Humor | Overwhelm |
| | Total Stress Symptom Score |

Determining Your Stress Rating

| Your Score | And What it Demonstrates |
|--------------|--------------------------|
| 0-19 | Low |
| 20-39 | Average |
| 40-49 | Moderately High |
| 50 and above | Severe |

Disclaimer: This scale is an effective tool to measure levels of stress, providing more clarity and perspective regarding the emotional and physical consequences of unrelenting stress. Its value is to paint an overall picture of current emotional and physical upset, to better understand your current situation. Many physical conditions and disorders can be perceived as stress, when medical attention is actually necessary. Prolonged and/or intense stress can have serious effects. I, Lynn Swearingen, am not a doctor and I do not diagnose, treat or cure. If you are experiencing persisting physical and/or mental conditions which are cause for worry, be sure to speak with a medical professional right away. Your health-care provider is in the best position to tell you what your symptoms mean and what you should do about them.