



Tel: 020 8468 1026

Cognitive Therapy London

Professional, Confidential Counselling

Stress Management Questionnaire

Look at each of the questions and answer yes or no to see how much stress you feel you are experiencing

1	Do you have trouble sleeping?	Yes/No
2	Do you feel exhausted?	Yes/No
3	Do you feel run down?	Yes/No
4	Do you suffer from headaches?	Yes/No
5	Do you have periodic shortness of breath?	Yes/No
6	Have you had significant weight loss?	Yes/No
7	Do you suffer from irritability and anger?	Yes/No
8	Do you become easily frustrated?	Yes/No
9	Do you have mood swings?	Yes/No
10	Do you have indigestion or abdominal discomfort?	Yes/No
11	Do you feel an increased mistrust of others?	Yes/No
12	Do you feel vulnerable or helpless?	Yes/No
13	Has your work efficiency declined?	Yes/No
14	Have you lost interest in others socially?	Yes/No
15	Has your work productivity declined?	Yes/No
16	Have you become far too critical, or negative of others?	Yes/No
17	Do you find your problem solving is more rigid?	Yes/No
18	Do you feel you are losing control?	Yes/No
19	Are you often nervous or scared?	Yes/No
20	Do you have trouble relaxing?	Yes/No
21	Are you accident prone?	Yes/No



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22	Do you feel guilty?	Yes/No
23	Do you lack enthusiasm for living?	Yes/No
24	Do you have poor concentration?	Yes/No
25	Do you have frequent colds, flu etc.?	Yes/No
26	Do you have increased work absence?	Yes/No
27	Do you have increased alcohol/drug use?	Yes/No
28	Do you have poor time management?	Yes/No
29	Are are you afraid of the worst happening?	Yes/No
30	Do you have reduced self-worth?	Yes/No