Customer Name: Insurance ID: DOB:

Stress Symptom Checklist

Check each item that describes a symptom you have experienced to any significant degree during the last month; then total the number of items checked.

Physical Symptoms

- ☐ Headaches (migraine or tension)
- ☐ Backaches
- ☐ Tight muscles
- ☐ Neck and shoulder pain
- ☐ Jaw tension
- ☐ Muscle cramps, spasms
- ☐ Nervous stomach
- ☐ Other pain
- ☐ Nausea
- ☐ Insomnia (sleeping poorly)
- ☐ Fatigue, lack of energy
- ☐ Cold hands/feet
- ☐ Tightness or pressure in head
- ☐ High blood pressure
- ☐ Diarrhea
- ☐ Skin condition
- ☐ Allergies
- ☐ Teeth grinding
- ☐ Digestive upsets (cramping, bloating)
- ☐ Stomach pain, ulcer
- ☐ Constipation
- ☐ Hypoglycemia
- ☐ Appetite change
- ☐ Colds
- ☐ Profuse perspiration
- ☐ Heart beats rapidly or pounds, even at rest
- ☐ Use of alcohol, cigarettes, or recreational drugs when nervous

Psychological Symptoms

- ☐ Anxiety
- ☐ Depression
- ☐ Confusion or spaciness
- ☐ Irrational fears
- ☐ Compulsive behaviors
- ☐ Forgetfulness
- ☐ Feeling overloaded or overwhelmed
- ☐ Hyperactivity – feeling like you can't slow down
- ☐ Mood swings
- ☐ Loneliness
- ☐ Problems with relationships
- ☐ Dissatisfied/unhappy with work
- ☐ Difficulty concentrating
- ☐ Frequent irritability
- ☐ Restlessness
- ☐ Frequent boredom
- ☐ Frequent worrying or obsessing
- ☐ Frequent guilt
- ☐ Temper flare-ups
- ☐ Crying spells
- ☐ Nightmares
- ☐ Apathy
- ☐ Sexual problems
- ☐ Weight change
- ☐ Overeating

Number of Items Checked	Stress Level
0 – 7	Low
8 – 14	Moderate
15-21	High
22+	Very High