

# Stress Profile Questionnaire



Name \_\_\_\_\_ Age \_\_\_\_\_ Gender M<sub>1</sub> F<sub>2</sub>

**Instructions:** Choose the answer that best describes how you have felt and how things have been going for you during the last month.

**1. \_\_\_\_\_ How have you been feeling in general?**

1. In excellent spirits
2. In very good spirits
3. In good spirits mostly
4. I've been up and down in spirits a lot
5. In low spirits mostly
6. In very low spirits

**2. \_\_\_\_\_ Have you been bothered by nervousness or your "nerves"?**

1. Extremely so – to the point where I could not work or take care of things
2. Very much so
3. Quite a bit
4. Some – enough to bother me
5. A little
6. Not at all

**3. \_\_\_\_\_ Have you been in firm control of your behavior, thoughts, emotions, or feelings?**

1. Yes, definitely so
2. Yes, for the most part
3. Generally so
4. Not too well
5. No, and I am somewhat disturbed
6. No, and I am very disturbed

**4. \_\_\_\_\_ Have you felt so sad, discouraged, nervous, or stressed that you wondered if anything you were doing was worthwhile?**

1. Extremely so – to the point I have thought about given up
2. Very much so
3. Quite a bit
4. Some – enough to bother me
5. A little bit
6. Not at all

**5. \_\_\_\_\_ Have you been under or felt you were under any strain, stress, or pressure?**

1. Yes, almost more than I could bear
2. Yes, quite a bit of pressure
3. Yes, some more than usual
4. Yes, some, but about usual
5. Yes, a little
6. Not at all

**6. \_\_\_\_\_ How happy, satisfied, or pleased have you been with your personal life?**

1. Extremely happy, couldn't be more satisfied or pleased
2. Very happy
3. Fairly happy
4. Satisfied, pleased
5. Somewhat dissatisfied
6. Very dissatisfied

**7. \_\_\_\_\_ Have you had reason to wonder if you were losing your mind, or losing control over the way you act, talk, think, feel, or of your memory?**

1. Not at all
2. Only a little
3. Some, but not enough to be concerned
4. Some, and I've been a little concerned
5. Some, and I am quite concerned
6. Much, and I am very concerned

**8. \_\_\_\_\_ Have you been anxious, worried, or upset?**

1. Extremely so, to the point of being sick, or almost sick
2. Very much so
3. Quite a bit
4. Some, enough to bother me
5. A little bit
6. Not at all

**9. \_\_\_\_\_ Have you been waking up fresh and rested?**

1. Every day
2. Most every day
3. Fairly often
4. Less than half the time
5. Rarely
6. None of the time

**10. \_\_\_\_\_ Have you been bothered by any illness, bodily disorder, pain, or fears about your health?**

1. All the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

**11. \_\_\_\_\_ How busy has your daily life been full of things that are interesting?**

1. All the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

**12. \_\_\_\_\_ Have you felt downhearted and blue?**

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

**13. \_\_\_\_\_ Have you been feeling emotionally stable; sure of yourself?**

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

**14. \_\_\_\_\_ Have you felt tired, worn out, used up, or exhausted?**

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

**15. \_\_\_\_\_ How concerned or worried about your health have you been?**

Not concerned at all    1 2 3 4 5 6 7 8 9 10    Very concerned

**16. \_\_\_\_\_ How relaxed or tense have you been?**

Very relaxed    1 2 3 4 5 6 7 8 9 10    Very tense

**17. \_\_\_\_\_ How much energy, pep, and vitality have you felt?**

No energy at all    1 2 3 4 5 6 7 8 9 10    Very energetic

**18. \_\_\_\_\_ How depressed or cheerful have you been?**

Very depressed    1 2 3 4 5 6 7 8 9 10    Very cheerful