

HOW WELL AM I MANAGING STRESS?



A SELF-ASSESSMENT

*Health Promotion Program
Work Life Staff Alameda
(510) 437-2736*

Stress Assessment Tools

The following assessments are designed to help you evaluate your levels of stress in several areas of your life.

Each assessment will be placed on a scale of:

- **Stress**, indicating difficulty and the need for attention,
- **Balance**, indicating that it is well-managed within your life,
- **Thriving**, indicating that it is an area of high performance, creativity, and effectiveness- even when under pressure.

Unless otherwise indicated, answer each question on the basis of either your current stress level or on the average of the last three months.

At the end of each scale there is a place to total your score. Take your totals from each assessment and plot them on the appropriate summary graph at the end of the questionnaire. These will help you to evaluate the areas in your life that are **Stressed, Balanced, or Thriving**.

Keep in mind, as you plot your scores, that on some scales a high score indicates stress while on others a high score indicates thriving.

Once you have identified your strengths and weaknesses you may begin to develop an action plan. The section“ *Understanding Your Stress Patterns* can help you get started. *Part 4: Your Stress Management Action Plan* walks you through each action step.

For assistance in developing skills and plans to improve **Stress** scores you can contact the **Health Promotion Program** at (510) 437-2736. The Health Promotion Manager will discuss a plan with you to improve areas of distress.

Part 1. Your Stressors: Environments **for Stress**

ASSESSMENT 1: WORK & CAREER

For each question, estimate the degree of pressure, demand or dissatisfaction that the situation places upon you.

A. JOB EXPECTATIONS Severe =3; Moderate = 2; A Little =1; None =0	
1. Too many tasks or responsibilities.	
2. It is not clear what's expected of me.	
3. I'm asked to do conflicting or competing tasks.	
4. My job role is changing.	
5. Deadline pressure.	
6. I'm expected to perform dull, boring or repetitive tasks.	
7. No rewards for work well done.	
8. Inadequate salary for my needs or expectations.	
9. No opportunity for advancement.	
10. No room for creativity.	
11. No input to decisions affecting my work.	
TOTAL: 1A	

B. WORK ENVIRONMENT Severe = 3; Moderate = 2; A Little = 1; None = 0	
1. Physically demanding working conditions.	
2. Dangerous or hazardous work.	
3. Physical distractions.	

4. I am near toxic or other unhealthy substances at work.	
5. Bleak, uncomfortable or depressing work place.	
6. I have a difficult or stressful commute.	
TOTAL: 1B	
C. INTERPERSONAL ENVIRONMENT Severe = 3; Moderate = 2; A Little = 1; None = 0	
1. I have too much responsibility for other people.	
2. Relationships between co-workers are poor or full of conflict.	
3. Other people at work create conflict for me.	
4. I receive too much or too little feedback and guidance from my supervisor.	
5. Too many people tell me what to do.	
6. I am pressured by demands of clients/customers.	
7. I have too much or too little contact with other people.	
TOTAL: 1C	

D. ORGANIZATIONAL ENVIRONMENT Severe = 3; Moderate = 2; A Little = 1; None = 0	
1. Office politics interfere with my work.	
2. I can't get the information I need for my work.	
3. There is a lack of friendship or communication with co-workers.	
4. There is a competitive, backbiting atmosphere.	
5. I don't have the resources I need to get my job done. (e.g., time, money, help)	
6. I have no input to decisions affecting my job & work.	
7. There is room for creativity.	
8. My work does not provide clear or reasonable pathways for advancement.	
9. Things are changing too fast at work.	

TOTAL: 1D	
------------------	--

E. CAREER SATISFACTION

Severe = 3; Moderate = 2; A Little = 1; None = 0

1. I don't like what I do.	
2. My job is boring and meaningless.	
3. I have the wrong job for me.	
4. My job doesn't utilize my skills and abilities.	
5. I have ethical problems with what I do.	
6. What I wanted/expected from my job has not turned out to be there.	
7. I am not able to advance as much as I would like.	
8. I have been passed over for promotion.	
TOTAL: 1E	

ASSESSMENT 2: PERSONAL, FAMILY AND COMMUNITY

For each question, estimate the degree of pressure, demand or dissatisfaction that the situation places upon you.

Severe = 3; Moderate = 2; A Little = 1; None = 0

1. Financial difficulties.	
2. Conflict with spouse or significant other.	
3. Conflict over household responsibilities.	
4. Problems or conflict with children.	
5. Pressure from relatives or in-laws.	

6. Household repairs and chores.	
7. Not enough leisure time.	
8. Sexual conflict or frustration.	
9. Dangerous or stressful surroundings and neighborhood.	
10. Conflict or falling out with close friend or relative.	
11. A problem is causing strain in the family.	
12. No babysitters, difficult to get away from home.	
13. Legal problems.	
14. Personal or family member health problem.	
TOTAL: 2	

ASSESSMENT 3: ADJUSTMENTS TO RECENT LIFE CHANGES

Circle the points for each change or event that has occurred in your life within the last twelve months.

1. Death of a spouse	100
2. Divorce	73
3. Marital separation	65
4. Arrest and/or detention in jail	63
5. Death of a close family member (other than spouse)	63
6. Marriage	60
7. Major personal injury or illness	53
8. Being fired from a job	47
9. Marital reconciliation	45
10. Retirement from job	45
11. Major change in health of a family member (physical or mental)	44
12. Pregnancy	40

13. Sexual difficulties	39
14. Gaining a new family member	39
15. Major business readjustment	38
18. Change in jobs	36
19. Increase in conflict or argument with spouse/significant other	25
20. Assuming a mortgage or loan for more than \$10,000	31
21. Foreclosing on a mortgage or loan or filing bankruptcy	30
22. Major change in responsibilities at work	29
23. Son or daughter leaving home	29
24. In-law difficulties	29
25. An outstanding personal achievement	28
26. Spouse beginning or ending a job	26
27. Beginning or ending school	26
28. A major change in living conditions	25
29. A change in personal habits (e.g. starting a new diet)	24
30. Difficulties with a boss or supervisor	23
31. Major change in working hours or conditions	20
32. Change in residence	20
33. Changing to a new school	20
34. Major change in type or amount of exercise or recreation	19
35. Major change in religious/spiritual activities	19
36. Major change in social activities	18
37. Taking out a loan for less than \$10,000	17
38. Major change in sleeping habits	16
38. Major change in sleeping habits	15
39. Major change in family gatherings	15
40. Major change in eating habits	13

41. Taking a vacation	12
42. Christmas holidays	11
TOTAL: 3	

Part 2: Your Stress Responses: Signals for Stress

ASSESSMENT 4: STRESS SYMPTOMS

Check how frequently you have experienced each of the following symptoms over the past month.

	Most Days = 3; Every Week = 2; Once or Twice = 1; Never = 0
1. Muscle tension	
2. Back pain	
3. Headaches	
4. Grinding teeth	
5. Stomach ache or upset	
6. Heartburn	
7. Vomiting	
8. Diarrhea	
9. Constipation	
10. Abdominal pains	
11. Colds, allergies	
12. Chest pains	
13. Skin rashes	

14. Dry mouth	
15. Laryngitis	
16. Palpitations	
17. Tremors or trembling	
18. Twitches or tics	
19. Dizziness	
20. Nervousness	
21. Anxiety	
22. Tension and jitteriness	
23. Keyed-up feeling	
24. Worrying	
25. Unable to keep still	
26. Fear of certain objects, phobias	
27. Fatigue	
28. Low energy	
29. Apathetic-nothing seems important	
30. Depression	
31. Fearfulness	
32. Hopelessness	
33. Crying easy	
34. Highly self-critical	
35. Frustrated	
36. Insomnia	
37. Difficulty awakening	
38. Nightmares	
39. Accidents or injuries	
40. Difficulty concentrating	

41. Mind going blank	
42. Forgetting important information	
43. Can't turn off certain thoughts	
44. Loss of appetite	
45. Overeating, excessive hunger	
46. No time to eat	
47. Overwhelmed by work	
48. No time to relax	
49. Unable to meet commitments or complete tasks	
50. Withdrawing from relationships	
51. Feel victimized or taken advantage of.	
52. Loss of sexual interest or pleasure	
TOTAL: 4	

ASSESSMENT 5: TENSION MANAGEMENT ACTIVITIES

Indicate how frequently during the past month you used each of the following activities to cope with your daily tension.

Every Day = 3; A Few Times a Week = 2; A Few Times = 1; Never = 0	
1. Smoking	
2. Alcoholic beverages	
3. Overeating	
4. Sleeping	
5. Television	
6. Conflicts with family members	
7. Angry emotional outbursts	
8. Mood-altering prescription medication	
9. Over the counter pain medication	

10. Prescription main medication	
11. Illicit drugs (marijuana, cocaine, etc.)	
12. Physical activity in excess of one hour	
13. Withdraw from other people	
14. Criticize, ridicule or blame other people	
15. Sexual behavior	
TOTAL: 5	

11. I don't feel that I have much control over events in my life.	
12. Anxious and upsetting thoughts distract me from what I'm doing.	
TOTAL: 6A	

ASSESSMENT 6: NEGATIVE THOUGHT PATTERNS

The following statements reflect some general attitudes and ways of thinking. Indicate the frequency which you experience each thought pattern.

A. SELF-CRITICISM Often = 3; Sometimes = 2; Rarely = 1; Never = 0	
1. I am critical of my own performance.	
2. I make demands on myself that I don't make on others.	
3. I think what I do is not good enough.	
4. I expect criticism from others for my work.	
5. I get very upset with myself when things don't work out the way I expected.	
6. When I am successful, I think I don't deserve it.	
7. I don't think much of myself.	
8. I discount or ignore praise.	
9. I find myself in unpleasant situations that I feel helpless to change.	
10. I run into problems I can't solve.	

B. NEGATIVE EXPECTATIONS Often = 3; Sometimes = 2; Rarely = 1; Never = 0	
1. I find it hard to hope for the best.	
2. I expect the worst.	
3. Other people don't seem to come through for me.	
4. I find it hard to look on the bright side of things.	
5. I am naturally a gloomy person.	

6. I have been continuously frustrated in my life by bad breaks.	
7. My life is empty and has no meaning.	
8. The future will probably not be as good as things are now.	
9. I seem to get the end of the stick.	
10. Good fortune is mostly due to luck.	
11. I feel it is useless to try to change things that aren't going well.	
12. Very little about life is fair or equitable.	
TOTAL: 6B	

Part 3. Your Personal Stress Management Style

ASSESSMENT 7: COPING DIFFICULTIES

Indicate the number that most closely corresponds with how frequently you act that way in stressful situations.

A. WITHDRAWAL Often = 3; Sometimes = 2; Rarely = 1; Never = 0	
1. I avoid challenges or new situations.	
2. I am cautious and shy away from risks.	
3. I try to forget difficult tasks facing me.	
4. I find it hard to plan ahead and anticipate difficulties.	
5. I find it hard to get involved in what I am doing.	
6. I find minor tasks to avoid facing major ones.	
7. I forget things I have to do.	
8. I don't let myself get emotionally involved in things.	
9. I fall asleep when things are difficult or stressful.	
TOTAL: 7A	

B. HELPLESNESS Often = 3; Sometimes = 2; Rarely = 1; Never = 0	
1. Most of my stress seems to be unpredictable.	
2. No matter how hard I try, I can't accomplish what I want.	
3. I am not able to get what I want from those close to me.	
4. I often find myself in situations that I feel helpless to do anything about.	
5. I often run into problems that I can't solve.	
TOTAL: 7B	

C. INTERNALIZING Often = 3; Sometimes = 2; Rarely = 1; Never = 0	
1. I keep my feelings to myself.	
2. When I'm upset, I tend to hold it in and suffer silently.	
3. I don't let anyone know I am under pressure.	
4. I'm afraid of losing control of my feelings.	
5. I don't like to disagree with people.	
6. When I'm upset, I avoid other people and go off alone.	
7. I don't let other know when I'm feeling frustrated or disappointed with them.	
TOTAL: 7C	

D. EMOTIONAL OUTBURSTS Often = 3; Sometimes = 2; Rarely = 1; Never = 0	
1. When I'm upset, I blame someone else.	
2. I blow up and let off steam.	
3. I find that I easily become irritable.	
4. I cry or fall apart emotionally and lose control.	
5. I find myself angry.	
TOTAL: 7D	

E. OVER-CONTROL Often = 3; Sometimes = 2; Rarely = 1; Never = 0	
1. I am rushed.	
2. I get impatient when I have to wait.	
3. I try to do everything myself.	
4. I don't have time for hobbies or outside interests.	
5. I rarely take time for myself.	
6. I always put other people before myself.	
7. Other people let me care for them.	

8. I don't get much satisfaction from my achievements.	
9. There is never enough time to get things done.	
10. I eat rapidly and finish meals before other people.	
11. I tend to push myself to finish tasks even when I am tired.	
12. I get angry when I am in situations beyond my control	
13. I am hard driving and competitive at most things I do.	
14. I feel I must be the best at whatever I do.	
15. I try to finish tasks for people who are taking a long time.	
16. I can't start a project without thinking of another one facing me.	
TOTAL: 7E	

3. I enjoy my family relationships.	
4. I know that other people care about me.	
5. My body feels full of energy.	
6. I get regular exercise or physical activity.	
7. I eat nutritious and well-balanced meals.	
8. I have good reliable friendships.	
9. There are people in whom I confide.	
10. I don't over-eat.	
11. I have goals I am working to achieve.	
12. I take quiet time for myself.	
13. I am involved in my work and find it meaningful.	
14. I do not smoke.	
15. I avoid overuse of alcohol.	
16. I have fun.	
17. My body is a source of pleasure to me.	
18. I take good care of my teeth, skin, hair, and nails.	
19. I pray or meditate regularly.	
20. I get adequate amounts of sleep.	
TOTAL: 8	

ASSESSMENT 8: WELLNESS ACTIVITIES & BEHAVIORS

Indicate how frequently each of the following wellness activities or situations applies to you.

Almost Always = 3; Often = 2; Sometimes = 1; Almost Never = 0	
1. I awake each morning feeling refreshed and energetic.	
2. I get what I want out of life.	

ASSESSMENT 9: POSITIVE COPING

Indicate how frequently each of the following positive coping activities or situations applies to you.

A. GETTING SUPPORT Often= 3; Sometimes = 2; Rarely = 1; Never = 0	
1. I delegate tasks to others.	
2. I share tasks with others.	

3. I talk to others about my problems and express feelings.	
4. I seek information from others.	
5. I try to find someone who knows how to handle a situation I'm having difficulty with.	
6. I have someone I trust that I can talk it over situations.	
7. I seek advice and support of friends.	
8. I talk about my problem with a counselor or doctor.	
9. I confide in a family member or significant other.	
10. I find others to work on projects with me.	
TOTAL: 9A	

B. TIME OUTS Often= 3; Sometimes = 2; Rarely = 1; Never = 0	
13. I decide when things are not worth worrying about.	
14. I do relaxation exercises.	
15. I engage in physical activity or exercise.	
16. I look at the humorous side of a situation.	
17. I go away for a while to get perspective.	
18. I give myself appropriate positive rewards for tasks completed.	
19. I can decide when it's not really my problem.	
TOTAL: 9B	

C. TAKING ACTION Often= 3; Sometimes = 2; Rarely = 1; Never = 0	
1. I take extra care to do a good job.	
2. I finish the job right away when possible.	
3. I do as good a job as possible under the circumstances.	
4. I change my viewpoint or way of looking at the situation.	
5. I finish what I set out to do.	

6. I anticipate and plan ahead for upcoming challenges.	
7. I make alternate plans.	
8. I set realistic goals and deadlines for myself.	
9. I negotiate so that the task is manageable.	
TOTAL: 9C	

ASSESSMENT 10: SELF-RENEWAL ACTIVITIES

Indicate how strongly each of the following statements applies to you.

A. MEANING & LIFE PURPOSE Great= 3; Moderate; = 2; Little = 1; Not at All = 0	
1. I am involved in my work.	
2. My work is very meaningful or satisfying to me.	
3. My work feels stimulating and new.	
4. There are challenges and creative tasks in my work.	
5. I am very involved with my family.	
6. My family is very satisfying or meaningful to me.	
7. I am stimulated and interested in my family life.	
8. My life is challenging and exciting.	
9. There are new things in my life.	
10. My life has a central purpose or goal.	
11. My life seems to meet many of my deepest needs.	
12. My life is not taken up with burdens and responsibilities.	
13. There is much that I look forward to in my life.	
14. I feel that I have lived up to my potential.	
TOTAL: 10A	

B. CONNECTING WITH OTHERS	
Great = 3; Moderate; = 2; Little = 1; Not at All = 0	
1. The people around me care about me as a person.	
2. I feel I give to and get from other people.	
3. I express my feelings with other people.	
4. When I run into trouble, there are co-workers I can seek out for help.	
5. My family allows me to do new things and make changes in my life.	
6. I can find people to spend time with when I want to.	
7. I do volunteer work in my church or community.	
8. I feel close to other people.	
9. There are people I can really count on.	
10. I have physical contact with others through touch, hugs, etc.	
11. I do things for others.	
12. I have friends I am close to.	
13. My sexual relationship is fulfilling.	
14. I ask for and receive guidance from supervisors or co-workers.	
15. I like to spend time with other people.	
TOTAL: 10B	

2. I engage in hobbies, crafts, and personal projects.	
3. I express myself creatively through writing, playing a musical instrument, photography, the arts, etc.	
4. I read non-fiction (books, magazines, newspapers, etc.) that is not required of my job.	
5. I take classes, seminars, etc. for personal interest.	
TOTAL: 10C	

Scoring Summary:

*Go back and total your points for each Assessment. After you have done this you can then go to the **SCORING SUMMARY**, located on the last page of this booklet and check how you scored on each scale.*

*Even if your score on a particular scale is at the **Balance or Thriving level** you should pay attention to any single factor that is indicative of stress.*

*The following section, **UNDERSTANDING YOUR STRESS PATTERNS**, will lead you to develop your stress management action plan.*

C. SELF-EXPRESSION	
Great= 3; Moderate; = 2; Little = 1; Not at All = 0	
1. I let others know what I'm thinking and feeling	

UNDERSTANDING YOUR STRESS PATTERNS

Part 1. Your Stressors: Environments For Stress

This part refers to how you handle environmental pressures and changes in your personal and work worlds.

Effective stress management means starting with identifying the *source* of your pressures - called *stressors*. Not all pressure is negative, however. *Assessment 3 (Adjustments to Life Change)*, for example, is based on research which shows that any significant change can act as a stressor when the total reaches a certain level. If this is the case for you, then a coping strategy might be to avoid making any other significant change in your life right now.

Work and personal pressures are those relationships, time and productivity demands, changing events, and environmental conditions which you perceive as constraining, difficult, or energy draining. These are the everyday challenges of your personal and work worlds. *Assessments 1, & 2* let you know how you are doing with this part of your life. Identifying your pressures is the first task. Some are very obvious or short term while others may be more subtle or relentless. Everyone responds differently, so you have to identify what are your particular pressures.

Dissatisfaction with your job or personal lifestyle is pressure of a different kind. This type of "passive stress" will drain your energy and take the joy out of your life. In this case, the strategy may be to plan and to put into action specific changes in your life. Because you spend the greatest amount of your time at work the right balance of satisfaction, challenge, and reward is especially important.

Part 2. Your Stress Responses: Signals for Stress

This part refers to your symptoms of stress, your thoughts and attitudes about yourself, and the activities you use to manage tension.

What we most commonly call *stress* is actually our personal *response* to stressors. These can take the form of any combination of physical, emotional, mental, or behavioral symptoms. It is important for you to not only review the level of your stress symptoms (*Assessment 4*) but also to identify your *specific* stress symptoms. Most people seem to have a particular way their stress shows. Your primary symptom might be muscle tension whereas for someone else it might be emotional outbursts. *Assessment 4* helps identify your specific responses. The key is to *reframe* your thinking about stress symptoms. They actually act as a valuable indicator for you.

Just as the gauges and lights on your car's dashboard provide you with feedback, your stress symptoms act as an important feedback system. If you handle your symptoms by trying to ignore, eliminate, or mask them you're not dealing with the underlying **Part 2. (continued.)** cause. One way of using your stress signals is to assign them a specific reminder to take positive action they occur.

Your unhealthy lifestyle habits or negative thought patterns are either a result of reinforced behaviors over a long period of time or from using "quick-fix" coping methods to reduce stress and tension. *Assessment 5* indicates the effectiveness of your tension management behaviors. Try to replace tension-reduction methods that carry long-term negative, such as going for a walk rather than eating sweets or high-fat foods.

Assessment 6 indicates the effectiveness of your thinking habits. Tension and stress arise when there is conflict between opposing beliefs or values. For example, if you work extra hours to be successful at your job but then feel you don't spend enough time with your family, this can create tension. Evaluating your priorities may be one way to resolve this kind of conflict.

Part 3: Your Personal Stress Management Style

This part refers to how you apply positive coping methods, your healthy wellness habits, and how you continue to grow and develop.

Your "Inner World" of thoughts, feelings, beliefs, and values determine how you think about the world and consequently how you perceive and manage stress. They also strongly govern how you approach living, see your future, and find meaningfulness in your life. For example, if you have not aligned your work goals with your values and beliefs this will be a stressor. *Assessment 7* helps you identify how you tend to use five different coping methods in challenging or difficult situations. For a stressful coping style you can substitute the opposite behavior.

Another key to effective stress management is being *proactive*. Maintaining good mental, physical, emotional, and spiritual health is essential to effective stress management. Studies clearly show that people who have developed positive and proactive health habits are healthier and happier. Similarly, people who nurture supportive networks and relationships live healthier and longer lives. Finally, people who choose to develop and support the spiritual aspects of their life are able to handle stress more successfully. *Assessments 8, 9 & 10* indicate the levels of your positive coping, support style, and spiritual health.

Part 4. Your Stress Management Action Plan

A. SUMMARY OF YOUR ASSESSMENTS

Assessment 1: Work & Career Stressors

- a. What are your major job & career stressors or dissatisfactions?

- b. What are you most interested in changing?

Assessment 2: Personal Stressors

- a. What are your major personal stressors or dissatisfactions?

- b. What are you most interested in changing?

Assessment 3: Life Changes

- a. What are your major adjustments & changes?

- b. What are you most interested in changing?

Assessment 4: Stress Signals

- a. What are your major stress signals?

- b. What kind of a reminder can your stress signal(s) be?

Assessment 5: Tension Reduction Activities

- a. What major tension management behaviors are out of balance?

- b. What behaviors are you most interested in changing?

Assessment 6: Negative Thought Patterns

- a. What are your major negative thought patterns?

- b. What are you most interested in changing?

Assessment 7: Coping Difficulties

- a. In what area- internalizing, withdrawal, etc.- are your

major coping difficulties?

b. What are you interested in changing?

Assessment 8: Wellness Activities & Behaviors

a. In what Wellness activities & behaviors do you score low?

b. What wellness activity are you interested in adding to your regular schedule?

Assessment 9: Positive Coping

a. What positive coping area has your lowest score?

b. What positive coping behavior are you most interested practicing on a regular basis?

Assessment 10: Self-Renewal

a. In what Self-Renewal area is your score the lowest?

b. What Self-Renewal behaviors are you interested in adding to your regular schedule?

B. ACTION-PLANNING WORKSHEET

Review the behavior changes you wrote for each of the Assessment Summaries. Select the one that is the most important to you right now. Answer the following questions in regards to the behavior change you have selected.

1. GETTING STARTED.

a. What do you want to change?

b. Why now?

c. What do you need to get started?

1-People support:

2-Equipment, materials, & other resources:

3-Information:

4-Skills:

d. What are your obstacles to getting started?

e. What steps do you need to take to get started?

2. STAYING ON TRACK.

a. What behavior will you track by keeping a record?

b. What reminders will you use to keep on track?

c. How will you reward yourself at certain milestones and when you reach your goal?

d. What situations- people, places, or things- are most likely to get you off track?

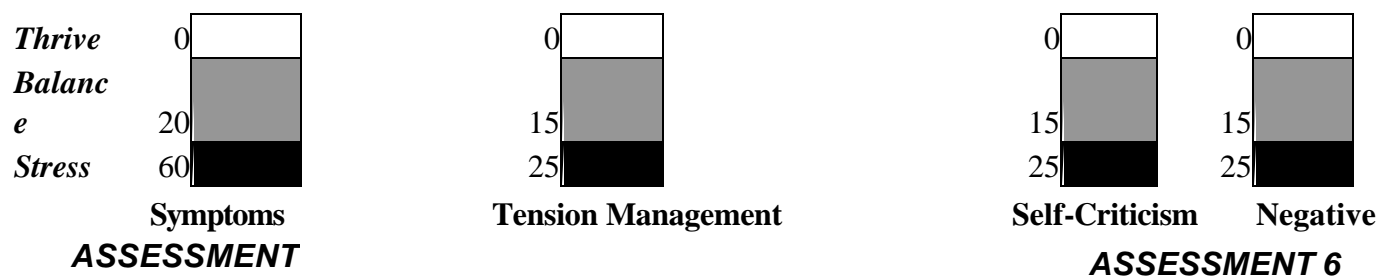
e. Who can help you stay on track- and how can they help?

SCORING SUMMARY

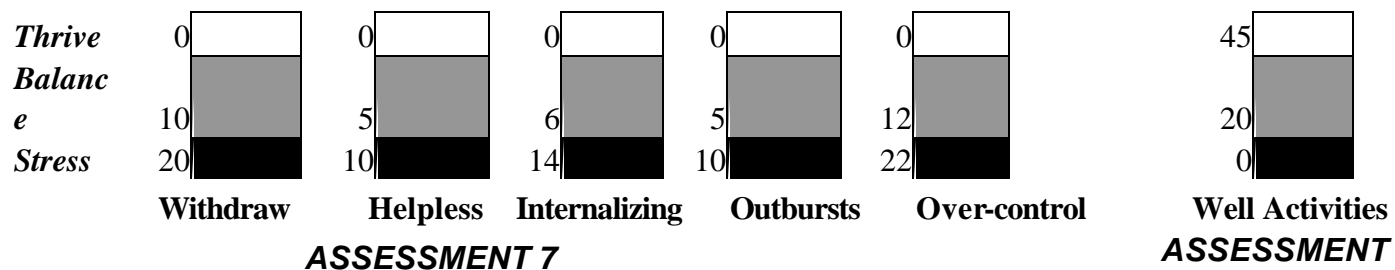
PART 1- YOUR STRESSORS: ENVIRONMENTS FOR STRESS



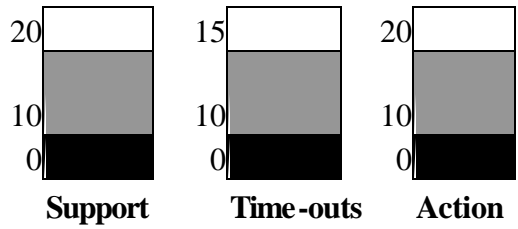
PART 2- YOUR STRESS RESPONSES: SIGNALS FOR STRESS



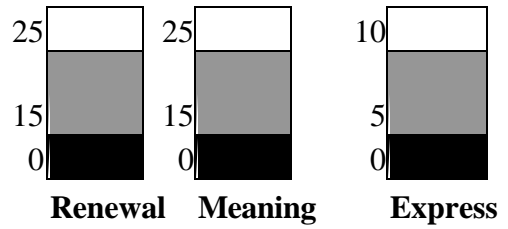
PART 3- YOUR PERSONAL STRESS MANAGEMENT STYLE



*Thrive
Balance
Stress*



ASSESSMENT 9



ASSESSMENT