

CHANGES in our life are ...

**a natural part of human experience,
potentially positive,
possibly negative ...**

and they always create STRESS!

The intent of this questionnaire is to increase your awareness of possible contributing factors to your personal stress. There are no norms, and there are no wrong answers; however, the more items you select, the greater your potential is for increased stress. After taking this self-evaluation, if you would like to meet with a professional counselor to discuss your current stressors and find ways to manage stress more effectively, please contact us:

Behavioral Health Services /Employee Assistance Program: (509) 376-4418

Assess your stress level by marking the changes you experienced during the past year:

- | | |
|---|--|
| <input type="checkbox"/> marriage/reconciliation | <input type="checkbox"/> change in eating habits |
| <input type="checkbox"/> separation/divorce | <input type="checkbox"/> change in sleeping pattern |
| <input type="checkbox"/> death of a loved one | <input type="checkbox"/> personal injury or illness |
| <input type="checkbox"/> personal achievement | <input type="checkbox"/> gaining a new family member |
| <input type="checkbox"/> problems at work | <input type="checkbox"/> move to a new residence |
| <input type="checkbox"/> job promotion | <input type="checkbox"/> threat of job loss |
| <input type="checkbox"/> serious financial problems | <input type="checkbox"/> new mortgage/refinance |
| <input type="checkbox"/> changed health/behavior of family member | <input type="checkbox"/> sexual difficulties |
| <input type="checkbox"/> legal difficulties (arrests, jail time) | <input type="checkbox"/> retirement |
| <input type="checkbox"/> child leaving home (college, marriage) | <input type="checkbox"/> vacation |

How stressed do you feel?

1 2 3 4 5 6 7 8 9 10
(Low stress) (High stress)

Since no one can completely avoid or eliminate all stress from one's life, we all must learn healthy ways to cope with the effects. Assess your use of good methods of stress management by checking all that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> regular exercise | <input type="checkbox"/> share feelings with partner/friend | <input type="checkbox"/> realistic goals |
| <input type="checkbox"/> balanced diet | <input type="checkbox"/> time for recreation/relaxation | <input type="checkbox"/> private, quiet time |
| <input type="checkbox"/> plenty of rest | <input type="checkbox"/> limit your use of alcohol | <input type="checkbox"/> know your limits |