

# Stress Index

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How high is your Stress Index? Find out by answering "yes" or "no" to the questions below: Do you frequently:

- |  |   |
|--|---|
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Neglect your diet?  |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Try to do everything yourself?                                    |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Blow up easily?   |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Seek unrealistic goals?   |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Fail to see the humor in situations others find funny?            |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Act rude?   |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Make a "big deal" of everything?                                  |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Look to other people to make things happen?                       |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Have difficulty making decisions?                                 |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Complain you are disorganized?                                    |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Avoid people whose ideas are different from your own?             |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Keep everything inside?   |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Neglect exercise?   |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Have few supportive relationships?                                |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Use sleeping pills and tranquilizers without a doctor's approval? |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Get too little rest?  |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Get angry when you are kept waiting?                              |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Ignore stress symptoms?   |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Put things off until later?                                       |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Think there is only one right way to do something?                |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Fail to build relaxation time into your day?                      |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Gossip?   |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Race through the day?   |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Spend a lot of time complaining about the past?                   |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Fail to get a break from noise and crowds?                        |

**Score 1 for each "YES" answer, 0 for each "NO".**

**Total your score: \_\_\_\_\_**

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## What Your Score Means...

1-6: There are few hassles in your life. Make sure, though, that you are not trying so hard to avoid problems that you shy away from challenges.

7-13: You've got your life in fairly good control. Work on the choices and habits that could still be causing you some unnecessary stress in your life.

14-20: You're approaching the danger zone. You may well be suffering stress-related symptoms and your relationships could be strained. Think carefully about choices you've made and take relaxation breaks every day.

Above 20: Emergency! You must stop now, re-think how you are living, change your attitudes, and pay careful attention to diet, exercise, and relaxation. There are many suggestions to help you live a healthier, happier life.