

### 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.

CLIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

#### Physical Symptoms

- Headaches (migraine or tension)
- Backaches
- Tight muscles
- Neck and shoulder pain
- Jaw tension
- Muscle cramps, spasms
- Nervous stomach overwhelmed
- 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

#### Psychological Symptoms

- Anxiety
- Depression
- Confusion or spaciness
- Irrational fears
- Compulsive behaviors
- Forgetfulness
- Feeling overwhelmed
- Mood Swing
- Loneliness
- Problems with relationships
- Dissatisfied/unhappy at work
- Difficulty Concentrating
- Frequent Irritability
- Restlessness
- Frequent Boredom
- Frequent worrying or obsessing
- Frequent Guilt
- Temper flare-ups
- Crying spells
- Nightmares
- Apathy

**Physical Symptoms, Cont.**

- \_\_\_ Appetite change
- \_\_\_ Colds
- \_\_\_ Profuse perspiration
- \_\_\_ Heart beats rapidly or pounds, even at rest
- \_\_\_ Use of alcohol, cigarettes, or
- \_\_\_ Other pain

Other List/Explain:

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**Psychological Symptoms, Cont.**

- \_\_\_ Sexual problems
- \_\_\_ Weight Change
- \_\_\_ Overeating
- \_\_\_ Stress Level
- \_\_\_ Recreational drugs
- \_\_\_ Hyperactivity or like you can't  
slow down

Other List/Explain:

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