

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)
- Trembling
- Tight muscles
- Backaches
- Tight muscles
- Neck and shoulder pain
- Digestive upsets (cramping, bloating)
- Stomach pain, ulcer
- Nervous stomach overwhelmed
- Allergies
- Heart Issues
- Hypoglycemia
- Teeth grinding
- Jaw tension
- Muscle cramps, spasms
- Diarrhea
- Nausea
- Insomnia (sleeping poorly)
- Fatigue, lack of energy
- Cold hands/feet
- Tightness or pressure in head
- High blood pressure

Psychological Symptoms

- Anxiety
- Frequent worrying or obsessing
- Depression
- Crying spells
- Confusion or spaciness
- Irrational fears
- Apathy
- Insomnia
- Racing thoughts
- PTSD
- Flashbacks
- Nightmares
- Anger issues
- Compulsive behaviors
- Frequent Guilt
- Feeling overwhelmed
- Mood Swing
- Loneliness
- Problems with relationships
- Dissatisfied/unhappy at work
- Difficulty Concentrating
- Frequent Irritability

___Diarrhea

___Restlessness

Physical Symptoms, Cont.

Psychological Symptoms, Cont.

- ___Diabetes
- ___Appetite change
- ___Colds
- ___Weight Change
- ___Profuse perspiration
- ___Heart beats rapidly or pounds, even at rest
- ___Use of alcohol, cigarettes, or
- ___Other pain

- ___Frequent Boredom
- ___Sexual problems
- ___Recreational drugs
- ___Forgetfulness
- ___Overeating
- ___Stress Level
- ___Hyperactivity/Can't slow down

slow down

Other List/Explain:

Other List/Explain:

Name (print) Date

Name (Signature) Date

