



# Stress & Coping Self-Test

**Instructions:** Answer all 18 of the following questions about how you feel and how things have been going with you during the past month. Mark the response that best applies to you.

QUESTION	A	B	C	D	E	F
How have you been feeling in general?	<input type="checkbox"/> 5 In an excellent frame of mind	<input type="checkbox"/> 4 In a very good mood	<input type="checkbox"/> 3 In a good mood mostly	<input type="checkbox"/> 2 My mood has been up and down	<input type="checkbox"/> 1 In a poor frame of mind mostly	<input type="checkbox"/> 0 In a very poor frame of mind
Have you been bothered by nervousness?	<input type="checkbox"/> 5 Not at all	<input type="checkbox"/> 4 A little	<input type="checkbox"/> 3 Some – enough to bother me	<input type="checkbox"/> 2 Yes – quite a bit	<input type="checkbox"/> 1 Yes – very much so	<input type="checkbox"/> 0 Extremely so – to the point where I could not work or take care of things
Have you been in firm control of your behavior, thoughts, emotions, and feelings?	<input type="checkbox"/> 5 Yes, definitely so	<input type="checkbox"/> 4 Yes, for the most part	<input type="checkbox"/> 3 Generally so	<input type="checkbox"/> 2 Not too well	<input type="checkbox"/> 1 No, and I am somewhat troubled by that	<input type="checkbox"/> 0 No, and I am very troubled by that
Have you been feeling so sad, discouraged, or hopeless, or had so many problems that you wondered if anything was worthwhile?	<input type="checkbox"/> 5 Not at all	<input type="checkbox"/> 4 A little	<input type="checkbox"/> 3 Some – enough to bother me	<input type="checkbox"/> 2 Yes – quite a bit	<input type="checkbox"/> 1 Yes – very much so	<input type="checkbox"/> 0 Extremely so – to the point that I have just about given up
Have you been feeling that you were under any strain, stress, or pressure?	<input type="checkbox"/> 5 Not at all	<input type="checkbox"/> 4 A little	<input type="checkbox"/> 3 About the same amount as usual	<input type="checkbox"/> 2 Yes – more than usual	<input type="checkbox"/> 1 Yes – quite a bit of pressure	<input type="checkbox"/> 0 Yes – almost more than I could bear
How happy or satisfied have you been with your personal life?	<input type="checkbox"/> 5 Extremely happy	<input type="checkbox"/> 4 Very happy	<input type="checkbox"/> 3 Fairly happy	<input type="checkbox"/> 2 Somewhat satisfied	<input type="checkbox"/> 1 Somewhat dissatisfied	<input type="checkbox"/> 0 Very dissatisfied
Have you had any reason to wonder if you were losing your mind or memory, or losing control over the way you act, talk, think, or feel?	<input type="checkbox"/> 5 Not at all	<input type="checkbox"/> 4 Only a little	<input type="checkbox"/> 3 Some – but not enough to be concerned	<input type="checkbox"/> 2 Some, and I have been a little concerned	<input type="checkbox"/> 1 Some, and I am quite concerned	<input type="checkbox"/> 0 Yes, a lot, and I am very concerned
Have you been anxious, worried, or upset?	<input type="checkbox"/> 5 Not at all	<input type="checkbox"/> 4 A little	<input type="checkbox"/> 3 Some – enough to bother me	<input type="checkbox"/> 2 Yes – quite a bit	<input type="checkbox"/> 1 Yes – very much so	<input type="checkbox"/> 0 Yes – extremely so, to the point of being sick or almost sick
How often have you awakened refreshed and rested?	<input type="checkbox"/> 5 Every day	<input type="checkbox"/> 4 Almost every day	<input type="checkbox"/> 3 Fairly often	<input type="checkbox"/> 2 Less than half the time	<input type="checkbox"/> 1 Rarely	<input type="checkbox"/> 0 None of the time
Have you been bothered by an illness, bodily disorder, pain, or fear about your health?	<input type="checkbox"/> 5 Not at all	<input type="checkbox"/> 4 A little	<input type="checkbox"/> 3 Some of the time	<input type="checkbox"/> 2 Yes – a good bit of the time	<input type="checkbox"/> 1 Yes – most of the time	<input type="checkbox"/> 0 Yes – all of the time
Has your daily life been full of things that were interesting to you?	<input type="checkbox"/> 5 Yes – all of the time	<input type="checkbox"/> 4 Yes – most of the time	<input type="checkbox"/> 3 Yes – a good bit of the time	<input type="checkbox"/> 2 Some of the time	<input type="checkbox"/> 1 A little	<input type="checkbox"/> 0 Not at all
Have you been feeling down-hearted and blue?	<input type="checkbox"/> 5 Not at all	<input type="checkbox"/> 4 A little	<input type="checkbox"/> 3 Some of the time	<input type="checkbox"/> 2 Yes – a good bit of the time	<input type="checkbox"/> 1 Yes – most of the time	<input type="checkbox"/> 0 Yes – all of the time
Have you been feeling emotionally stable and sure of yourself?	<input type="checkbox"/> 5 Yes – all of the time	<input type="checkbox"/> 4 Yes – most of the time	<input type="checkbox"/> 3 Yes – a good bit of the time	<input type="checkbox"/> 2 Some of the time	<input type="checkbox"/> 1 A little	<input type="checkbox"/> 0 Not at all
Have you been feeling tired, worn out, used-up, or exhausted?	<input type="checkbox"/> 5 Not at all	<input type="checkbox"/> 4 A little	<input type="checkbox"/> 3 Some of the time	<input type="checkbox"/> 2 Yes – a good bit of the time	<input type="checkbox"/> 1 Yes – most of the time	<input type="checkbox"/> 0 Yes – all of the time

ADD UP THE NUMBERS NEXT TO EACH CHECKED BOX.

QUESTION	Check the number on the scale (from 0-10) that seems closest to how you have generally been feeling during the past month.												
How concerned or worried have you been about your health?	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	Not concerned at all	Very concerned
How relaxed or tense have you been?	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	Very relaxed	Very tense
How much energy, pep, or vitality have you had?	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	Very energetic, dynamic	No energy at all, listless
How depressed or cheerful have you been?	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	Very cheerful	Very depressed

## Scoring

Your score for each question is the number beside each check box. Add the scores for all questions to get a total score (use summary grid below). Your total score should be between 0 and 110.

### What Your Score Means

Coping Score	Stress/Coping Description	Percent of Population
76-110	<b>Coping well.</b> You are in the "Positive Well Being" zone. 😊	65.0%
71-75	Marginal 😐	9.1%
56-70	<b>Not coping very well.</b> You are in the "Stress" zone. 😞	16.3%
0-55	<b>Not coping well at all.</b> You are in the "Distress" zone. 😡	9.6%

ADD UP THE NUMBERS NEXT TO EACH CHECKED BOX.

WRITE IN YOUR TOTAL FROM PAGE 1.

ADD THESE TOGETHER FOR YOUR TOTAL SCORE  
(Your total score should be between 0 and 110.)

The higher your score the better you are coping with stress in your life. Scores of 76 or above indicate that you are coping well. A score of 71-75 is "marginal" and scores of 70 or less indicate you are having trouble coping and need to improve your coping skills. Read *Improving Coping Skills* below. Get additional help if needed from your health coach, a mental health counselor, or your doctor.

Source: National Center for Health Statistics. NHANES Study.



## Improving Coping Skills

### Stress and Coping

Some stress is a normal part of daily life. If it becomes excessive, however, and exceeds your ability to cope, it can result in feelings of:

- Tension
- Irritability
- Anxiety,
- Difficulty sleeping

Unrelieved stress can adversely affect your health. Take the Stress and Coping Self-Test to help you become aware of how you are currently coping with stress in your life. Then see the suggestions listed below for help in making improvement.

### Sources of Stress

Stress that results in feelings of tension and anxiety can arise from many sources. Here are a few:

- Work stressors (long hours, difficult people to work with, deadlines, etc.)
- Home stressors (conflict with children or spouse, home demands, etc.)
- Finances (debt, spending conflict, job loss, difficult economy, etc.)
- Feeling a loss of control over one's life
- Feeling sad and depressed
- Major life events (divorce, moving, new job, loss of a loved one, a tragedy, etc.)
- Health problems

Whatever the cause, when the stress load becomes too great for you to cope with, your mental and physical health decline. See the suggestions in the next column for ways of improving your coping ability and keeping stress loads reasonable.

### How to Cope Better with Stress

- **Reduce your stress load.** Learn to say "no" if already overloaded.
- **Develop a good support system** – people you can talk with and get help from when needed.
- **Break the stress cycle with relaxation.** Do something you enjoy every day.
- **Get regular, moderate exercise**, such as walking or biking in park or by a scenic lake.
- **Do stretching exercises** and practice deep breathing to relax the body.
- **Learn to forgive and forget.** Resentment hurts *you* the most.
- **Get help from your supervisor at work** to deal with work stressors.
- **Don't be hard on yourself.** Realize that everyone makes mistakes.
- **Take care of yourself.** Get 7-8 hours of sleep daily. Eat regular meals. Limit caffeine and alcohol.
- **Live one day at a time.** Don't worry excessively about future problems which likely won't happen anyway. Focus on what you can do today.
- **Be positive and optimistic in your thinking.** Humans tend to experience in life what they expect.
- **Join an encouraging faith or support group.** Caring friends can help you cope.
- **Get professional help when needed.** Talk to a financial counselor, a dietitian, a mental health counselor, or your doctor as needed.

A person who takes control of his or her life and approaches stressful life events as opportunities to learn or grow is more resistant to stress and lives a healthier, more fulfilled life.

Sources: *Mental Health America. 2009*  
*Harvard Medical Center. 2008*

