

HANDOUT 31-3

Responses to Stress

Indicate how often each of the following happens to you, either when you are experiencing stress or following exposure to a significant stressor. Use the following scale.

- 0 = never**
1 = once or twice a year
2 = every few months
3 = every few weeks
4 = once or more each week
5 = daily

Cardiovascular symptoms

- _____ Heart pounding
 _____ Heart racing or beating erratically
 _____ Cold, sweaty hands
 _____ Headaches (throbbing pain)
 _____ *Subtotal*

Respiratory symptoms

- _____ Rapid, erratic, or shallow breathing
 _____ Shortness of breath
 _____ Asthma attack
 _____ Difficulty in speaking because of poor breathing control
 _____ *Subtotal*

Gastrointestinal symptoms

- _____ Upset stomach, nausea, or vomiting
 _____ Constipation
 _____ Diarrhea
 _____ Sharp abdominal pains
 _____ *Subtotal*

Muscular symptoms

- _____ Headaches (steady pain)
 _____ Back or shoulder pains
 _____ Muscle tremors or hands shaking
 _____ Arthritis
 _____ *Subtotal*

Skin symptoms

- _____ Acne
 _____ Dandruff
 _____ Perspiration
 _____ Excessive dryness of skin or hair
 _____ *Subtotal*

Immunity symptoms

- _____ Allergy flare-up
 _____ Catching colds
 _____ Catching the flu
 _____ Skin rash
 _____ *Subtotal*

Metabolic symptoms

- _____ Increased appetite
 _____ Increased craving for tobacco or sweets
 _____ Thoughts racing or difficulty sleeping
 _____ Feelings of crawling anxiety or nervousness
 _____ *Subtotal*

_____ *Overall symptomatic total (add all seven subtotals)*