

# STRESS CHECKLIST

**Directions:** Rate the sources of your stress. Number 1 means you have low stress, 5 is high stress, and 3 would be average. Put an **X** on the line to show the amount of stress you experience in each situation.

<input type="checkbox"/>	SCHOOL	1 . . . . . 2 . . . . . 3 . . . . . 4 . . . . . 5
<input type="checkbox"/>	PEER PRESSURE	1 . . . . . 2 . . . . . 3 . . . . . 4 . . . . . 5
<input type="checkbox"/>	HOME	1 . . . . . 2 . . . . . 3 . . . . . 4 . . . . . 5
<input type="checkbox"/>	BULLIES	1 . . . . . 2 . . . . . 3 . . . . . 4 . . . . . 5
<input type="checkbox"/>	TEACHERS	1 . . . . . 2 . . . . . 3 . . . . . 4 . . . . . 5
<input type="checkbox"/>	WORLD SITUATIONS	1 . . . . . 2 . . . . . 3 . . . . . 4 . . . . . 5
<input type="checkbox"/>	SPORTS	1 . . . . . 2 . . . . . 3 . . . . . 4 . . . . . 5
<input type="checkbox"/>	TESTS	1 . . . . . 2 . . . . . 3 . . . . . 4 . . . . . 5
<input type="checkbox"/>	PUBLIC SPEAKING	1 . . . . . 2 . . . . . 3 . . . . . 4 . . . . . 5
<input type="checkbox"/>	LOSS	1 . . . . . 2 . . . . . 3 . . . . . 4 . . . . . 5
<input type="checkbox"/>	DISABILITY	1 . . . . . 2 . . . . . 3 . . . . . 4 . . . . . 5
<input type="checkbox"/>	FRIENDS	1 . . . . . 2 . . . . . 3 . . . . . 4 . . . . . 5

Add any other sources of stress not listed above.

<input type="checkbox"/>	_____	1 . . . . . 2 . . . . . 3 . . . . . 4 . . . . . 5
<input type="checkbox"/>	_____	1 . . . . . 2 . . . . . 3 . . . . . 4 . . . . . 5
<input type="checkbox"/>	_____	1 . . . . . 2 . . . . . 3 . . . . . 4 . . . . . 5
<input type="checkbox"/>	_____	1 . . . . . 2 . . . . . 3 . . . . . 4 . . . . . 5

**Rank each situation from most stressful to the least stressful.**

Write 1 in the square to indicate the situation you find most stressful, 2 for the next-most stressful, etc.