



4733 Butler Street
Pittsburgh PA, 15201
(412) 325-4100
info@cutittachiro.com
www.cutittachiro.com

General Stress Assessment

This stress assessment is for personal use only and does not serve any diagnostic purpose. All answers will be held strictly confidential and you will retain this copy of the test once you have reviewed your answers with our staff. If you don't feel comfortable sharing a particular answer or writing it down it is OK – just let our staff know if you chose to skip a section or question.

Check the box if you agree with the following statements:

- I can't honestly say what I really think or get things off my chest at work
- In general, I am not particularly proud or satisfied with my job
- I worry about losing my job or my ability to get one
- I worry about how I will pay back my student loans, or other major debt
- I am often overwhelmed with all of the things on my "to do" list
- I'm so busy, I rarely have time for myself
- I consume caffeine regularly to maintain energy to complete everyday tasks
- I consume alcohol, smoke cigarettes or partake in other "vices" to relax and reduce stress
- I eat food that's not good for me because I don't have the time or energy to do anything else
- I find I crave "comfort foods" or generally over-eat when I get stressed
- I have noticed a significant, unplanned weight gain or loss in the last 3 months
- I find it hard to go to sleep or stay asleep
- I always feel tired or fatigued, regardless of how much rest or sleep I get at night
- I get emotional, sensitive, irritable, frustrated or generally have a "short fuse" more than usual
- I feel like there is no one I can turn to who will understand how I feel

(Please turn over)

Check the box if you noticed the following symptoms in the last 3 months:

- Dizziness
- A general feeling of “being out of it”
- General aches and pains
- Grinding teeth, clenched jaw
- Headaches
- Indigestion or Acid Reflux Symptoms
- Increase in, or loss of, appetite
- Muscle tension in the neck, face, jaw or shoulders
- Racing heart
- Cold and sweaty palms
- Trembling or shaking
- Upset stomach, diarrhea, other gastrointestinal distress

Please consider the following questions.

If you don't feel comfortable answering them on paper that is OK – but if the answer to any of these questions is yes, please mention it to our staff – we are trained in mental health first aid and have many resources to help you.

- Have you had suicidal thoughts?
- Do you want to kill yourself?
- Do you have a plan in place for completing suicide?
- Have you gathered materials for this plan?

Thank you for your time filling out this survey. Please hand it to our staff member and we will review your answers and help you find a plan to reduce your stress and help you. Thanks for letting us have the chance to find you the right resources.

If you don't feel comfortable discussing your results, and would just to discuss our resources, please check this box: