**Wellsource Stress and Coping Self-Test**

*Please answer the following questions. Consider the past month when selecting the response that best describes you.*

**1) How have you been feeling in general?**

1. In an excellent frame of mind-5[ ]
2. In a very good mood-4[ ]
3. In a good mood, mostly-3[ ]
4. My mood has been up and down-2[ ]
5. In a poor frame of mind mostly-1[ ]
6. In a very poor frame of mind-0[ ]

**2) Have you been bothered by nervousness?**

1. Not at all-5[ ]
2. A little-4[ ]
3. Some – enough to bother me-3[ ]
4. Yes – quite a bit-2[ ]
5. Yes – very much so-1[ ]
6. Extremely so – to the point where I could not work or take care of things-0[ ]

**3) Have you been in firm control of your behavior, thoughts, emotions, and feelings?**

1. Yes, definitely-5[ ]
2. Yes, for the most part-4[ ]
3. Yes, somewhat-3[ ]
4. Not too well-2[ ]
5. No, and I am somewhat troubled by that-1[ ]
6. No, and I am very troubled by that-0[ ]

**4) Have you been feeling so sad, discouraged, or hopeless, or had so many problems that you wondered if anything was worthwhile?**

1. Not at all-5[ ]
2. A little-4[ ]
3. Some, enough to bother me-3[ ]
4. Yes, quite a bit-2[ ]
5. Yes, very much so-1[ ]
6. Extremely so, to the point that I have just about given up-0[ ]

**5) Have you been feeling that you were under any strain, stress, or pressure?**

1. Not at all-5[ ]
2. A little-4[ ]
3. About the same amount as usual-3[ ]
4. Yes, more than usual-2[ ]
5. Yes, quite a bit of pressure-1[ ]
6. Yes, almost more than I could bear-0[ ]

**6) How happy or satisfied have you been with your personal life?**

1. Extremely happy-5[ ]
2. Very happy-4[ ]
3. Fairly happy-3[ ]
4. Somewhat satisfied-2[ ]
5. Somewhat dissatisfied-1[ ]
6. Very dissatisfied-0[ ]

**7) 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?**

1. Not at all-5[ ]
2. Only a little-4[ ]
3. Some, but not enough to be concerned-3[ ]
4. Some, and I have been a little concerned-2[ ]
5. Some, and I am quite concerned-1[ ]
6. Yes, a lot, and I am very concerned-0[ ]

**8) Have you been anxious, worried, or upset?**

1. Not at all-5[ ]
2. A little-4[ ]
3. Some, enough to bother me-3[ ]
4. Yes, quite a bit-2[ ]
5. Yes, very much so-1[ ]
6. Yes, extremely so, to the point of being sick or almost sick-0[ ]

**9) How often have you awakened refreshed and rested?**

1. Every day-5[ ]
2. Almost every day-4[ ]
3. Fairly often-3[ ]
4. Less than half the time-2[ ]
5. Rarely-1[ ]
6. None of the time-0[ ]

**10) Have you been bothered by an illness, bodily disorder, pain, or fear about your health?**

1. Not at all-5[ ]
2. A little-4[ ]
3. Some of the time-3[ ]
4. Yes, a good bit of the time-2[ ]
5. Yes, most of the time-1[ ]
6. Yes, all of the time-0[ ]

**11) Has your daily life been full of things that were interesting to you?**

1. Yes, all of the time-5[ ]
2. Yes, most of the time-4[ ]
3. Yes, a good bit of the time-3[ ]
4. Some of the time-2[ ]
5. A little-1[ ]
6. Not at all-0[ ]

**12) Have you been feeling down-hearted and blue?**

1. Not at all-5[ ]
2. A little-4[ ]
3. Some of the time-3[ ]
4. Yes, a good bit of the time-2[ ]
5. Yes, most of the time-1[ ]
6. Yes, all of the time-0[ ]

**13) Have you been feeling emotionally stable and sure of yourself?**

1. Yes, all of the time-5[ ]
2. Yes, most of the time-4[ ]
3. Yes, a good bit of the time-3[ ]
4. Some of the time-2[ ]
5. A little-1[ ]
6. Not at all-0[ ]

**14) Have you been feeling tired, worn out, used-up, or exhausted?**

1. Not at all-5[ ]
2. A little-4[ ]
3. Some of the time-3[ ]
4. Yes, a good bit of the time-2[ ]
5. Yes, most of the time-1[ ]
6. Yes, all of the time-0[ ]

*The number to the right of the response you select is the score.*

 *Add your scores for question #1-14: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subtotal*

***For the following questions, check the number on the scale (from 0-10) that seems closest to how you have generally been feeling during the past month.***

15) How concerned or worried have you been about your health?

[ ] 10 [ ] 9 [ ] 8 [ ] 7 [ ] 6 [ ] 5 [ ] 4 [ ] 3 [ ] 2 [ ] 1 [ ] 0

Not concerned at all Very concerned

16) How relaxed or tense have you been?

[ ] 10 [ ] 9 [ ] 8 [ ] 7 [ ] 6 [ ] 5 [ ] 4 [ ] 3 [ ] 2 [ ] 1 [ ] 0

Very relaxed Very tense

17) How much energy, pep, or vitality have you had?

[ ] 10 [ ] 9 [ ] 8 [ ] 7 [ ] 6 [ ] 5 [ ] 4 [ ] 3 [ ] 2 [ ] 1 [ ] 0

Very energetic, dynamic No energy at all, listless

18) How depressed or cheerful have you been?

[ ] 10 [ ] 9 [ ] 8 [ ] 7 [ ] 6 [ ] 5 [ ] 4 [ ] 3 [ ] 2 [ ] 1 [ ] 0

Very cheerful Very depressed

*The number you select below each question is the score.*

*Add your scores for question #15-18: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Subtotal*

**Scoring**

*To get your Total Score, add your Subtotal scores from questions #1-14 and #15-18: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Total**

*Your total score should be between 0 and 110.*

What Your Score Means

|  |  |
| --- | --- |
| **Coping Score** | **Stress/Coping Description** |
| 76-110 | Coping well. You are in the “Positive Well Being” zone |
| 71-75 | Marginal |
| 56-70 | Not coping very well. You are in the “Stress” zone. |
| 0-55 | Not coping well at all. You are in the “Distress” zone. |

**AIS Workplace Stress Survey**

Enter the number from the sliding scale below, which best describes you.

**STRONGLY DISAGREE AGREE SOMEWHAT STRONGLY AGREE**

[ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8 [ ] 9 [ ] 10

I can’t honestly say what I really think or get things off my chest at work. score

My job has a lot of responsibility, but I don’t have very much authority. score

I could usually do a much better job if I were given more time. score

I seldom receive adequate acknowledgement or appreciation when my work is very good. \_\_\_\_ score

In general, I am not particularly proud or satisfied with my job. score

I have the impression that I am repeatedly picked on or discriminated against at work. \_\_\_\_\_ score

My workplace environment is not very pleasant or safe. score.

My job often interferes with my family and social obligations, or personal needs. score

I tend to have frequent arguments with superiors, coworkers or customers. score

Most of the time I feel I have very little control over my life at work. score

**Add up the scores for each question to get your Total JOB STRESS SCORE**

|  |  |
| --- | --- |
| **Score** | **Description** |
| 10-30 | You handle job stress well |
| 31-60 | You handle job stress moderately well |
| 61-100 | You are encountering problems that need to be resolved |