

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

ADD UP THE NUMBERS NEXT TO EACH CHECKED BOX.

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

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

National Center for Health Statistics. NHANES Study.

Scoring

Your score for each question is the number beside each check box. Add the scores for all questions. Your total score should be between 0 and 110.

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)

What Your Score Means

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

The higher your score the better you are coping with stress. 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. Get additional help if needed from your health coach, a mental health counselor, or your doctor.