**Signs of Stress - Self Assessment Teacher Resource**

|  |
| --- |
| Please answer the following questions honestly. Total your score at the end. If you don’t want to, you don’t have to share your score with anyone. This is to help you identify how much stress you are under. This is a difficult time for all of us and it’s important to take care of yourself.  |
|  | **Never****(1)** | **Once a month (2)** | **Often/once a week (3)** | **Always(4)** |
| 1. I feel tense and nervous |  |  |  |  |
| 2. I have physical aches and pain |  |  |  |  |
| 3. I am always tired, physically and mentally |  |  |  |  |
| 4. I cannot tolerate noises |  |  |  |  |
| 5. My work no longer interests me |  |  |  |  |
| 6. I act impulsively |  |  |  |  |
| 7. I can’t get distressing events out of my mind |  |  |  |  |
| 8. I am sad and feel like crying |  |  |  |  |
| 9. I am less efficient than I used to be |  |  |  |  |
| 10. I have trouble planning and thinking clearly |  |  |  |  |
| 11. I have difficulty sleeping |  |  |  |  |
| 12. Doing even routine things is an effort |  |  |  |  |
| 13. I am cynical or very critical |  |  |  |  |
| 14. I have bad dreams or nightmares |  |  |  |  |
| 15. I am irritable, minor inconveniences or demandsannoy me a lot |  |  |  |  |
| 16. I am spending more time at work than initially |  |  |  |  |
| Total: |  |  |  |  |

Add up your total score:

* Under 20: Your stress is normal, given the conditions around us right now.
* From 21-35: You may be suffering from stress. Identify ways of reducing your stress.
* Above 36: You may be under severe stress. Please ask for help from someone close to you. If possible, talk to a counselor.