

Name: _____ DOB: _____ Date: _____

Hidden Stress Screening Test

1. How much stress have you experienced in your life recently? (Choose one answer)

None	Mild	Moderate	Severe
Score = 0	Score = 1	Score = 2	Score = 3

2. How often do you neglect your own needs because you are taking care of others? (Choose one answer)

Rarely	Occasionally	Frequently	Nearly Always
Score = 0	Score = 1	Score = 2	Score = 3

3. Over the last two weeks, how often have you been bothered by the following problems? (For each row, choose the one box that applies best to you)

	Not at All Score = 0	Several Days Score = 1	More than 1/2 the Days Score = 2	Nearly Every Day Score = 3
A. Feeling nervous, anxious or on edge.				
B. Not being able to stop or control worrying.				
C. Feeling down, depressed or hopeless.				
D. Little interest or pleasure in doing things.				

4. In the past month, how much have you been bothered by repeated, disturbing memories, thoughts, images or dreams of a stressful experience? (Choose one answer)

Not at All	A little Bit	Moderately	Quite a Bit	Extremely
Score = 0	Score = 1	Score = 2	Score = 3	Score = 4

5. In the past month, how much have you been bothered by feeling very upset when something reminded you of a stressful experience? (Choose one answer)

Not at All	A little Bit	Moderately	Quite a Bit	Extremely
Score = 0	Score = 1	Score = 2	Score = 3	Score = 4

6. How would you feel if you discovered that a child you care about was experiencing everything you did as a child? (Choose one answer)

Happy	Neutral	Sad or Angry	Very Sad or Very Angry
Score = 0	Score = 1	Score = 2	Score = 3

Total Hidden Stress Score _____ (range 0 - 29)