



## INDEX OF CLINICAL STRESS (ICS)

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

This questionnaire is designed to measure the way you feel about the amount of personal stress that you experience. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows.

- 1 = None of the time
- 2 = Very rarely
- 3 = A little of the time
- 4 = Some of the time
- 5 = A good part of the time
- 6 = Most of the time
- 7 = All of the time

- 
1. \_\_\_\_ I feel extremely tense.
  2. \_\_\_\_ I feel very jittery.
  3. \_\_\_\_ I feel like I want to scream.
  4. \_\_\_\_ I feel overwhelmed.
  5. \_\_\_\_ I feel very relaxed.
  6. \_\_\_\_ I feel so anxious I want to cry.
  7. \_\_\_\_ I feel so stressed that I'd like to hit something.
  8. \_\_\_\_ I feel very calm and peaceful.
  9. \_\_\_\_ I feel like I am stretched to the breaking point.
  10. \_\_\_\_ It is very hard for me to relax.
  11. \_\_\_\_ It is very easy for me to fall asleep at night.
  12. \_\_\_\_ I feel an enormous sense of pressure on me.
  13. \_\_\_\_ I feel like my life is going very smoothly.
  14. \_\_\_\_ I feel very panicked.
  15. \_\_\_\_ I feel like I am on the verge of a total collapse.
  16. \_\_\_\_ I feel that I am losing control of my life.
  17. \_\_\_\_ I feel that I am near a breaking point.
  18. \_\_\_\_ I feel wound up like a coiled spring.
  19. \_\_\_\_ I feel that I can't keep up with all the demands on me.
  20. \_\_\_\_ I feel very much behind in my work.
  21. \_\_\_\_ I feel tense and angry with those around me.
  22. \_\_\_\_ I feel I must race from one task to the next.
  23. \_\_\_\_ I feel that I just can't keep up with everything.
  24. \_\_\_\_ I feel as tight as a drum.
  25. \_\_\_\_ I feel very much on edge.