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 carefully and accurately. 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 overwhelmed.
4. _____ I feel very relaxed.
5. _____ I feel so stressed that I'd like to hit something.
6. _____ I feel very calm and peaceful.
7. _____ It is very hard for me to relax.
8. _____ It is very easy for me to fall asleep at night.
9. _____ I feel like my life is going very smoothly.
10. _____ I feel very panicked.
11. _____ I feel like I am losing control of my life.
12. _____ I feel that I am near a breaking point.
13. _____ I feel that I can't keep up with all the demands on me.
14. _____ I feel very much behind in my work.
15. _____ I feel that I must race from one task to the next.
16. _____ I feel that I just can't keep up with everything.
17. _____ I feel very much on edge.