# Stress Questionnaire

(0 = Rarely or never stressed ---------- 5 = A great deal of stress)

 **Name**…………………………………………**(please circle below as appropriate**)

1. **Trouble with patients** 0 1 2 3 4 5
2. **Having to work late** 0 1 2 3 4 5
3. **Constant people interruption** 0 1 2 3 4 5
4. **Trouble with Boss** 0 1 2 3 4 5
5. **Deadlines and time pressures** 0 1 2 3 4 5
6. **Bureaucracy at work** 0 1 2 3 4 5
7. **Computer breakdowns** 0 1 2 3 4 5
8. **Trouble with colleagues** 0 1 2 3 4 5
9. **Too many jobs to do at once** 0 1 2 3 4 5
10. **Telephone interruptions** 0 1 2 3 4 5
11. **Travelling to and from work** 0 1 2 3 4 5
12. **Making mistakes** 0 1 2 3 4 5
13. **Job interfering with home** 0 1 2 3 4 5
14. **Can’t cope with “in tray”** 0 1 2 3 4 5
15. **Can’t say “No” when I should** 0 1 2 3 4 5
16. **Not stimulated by job** 0 1 2 3 4 5
17. **Feeling valued/listened too** 0 1 2 3 4 5
18. **Tell colleagues unpleasant things** 0 1 2 3 4 5
19. **Managing colleagues &bosses** 0 1 2 3 4 5
20. **Managing work & study** 0 1 2 3 4 5

*80-100 = severe 50-79=Moderate 20-49 Mild 0-19 insignificant*

***Note:*** *Scores 4 or 5 may indicate a need for action no matter what the total sco*re