

STRESS INDICATORS

Following are symptoms of stress often exhibited by children and adults. Any symptoms observed as happening often may indicate need for follow-up by a teacher, counselor, parent or healthcare professional.

Please circle any that apply

1. Headaches
2. Stomach problems-diarrhea, constipation, nausea and/or heartburn
3. Heart pounding
4. Aches and pains
5. Muscle jerks or tics
6. Eating problems-no appetite, constant eating and/or full feeling without eating
7. Sleeping problems-unable to fall asleep, wake up in middle of the night &/or nightmares
8. General feeling of tiredness
9. Shortness of breath
10. Dry mouth or throat
11. Teeth grinding
12. Stuttering
13. Uncontrollable crying and/or not being able to cry
14. General anxiety, nervous feelings or tenseness
15. Dizziness and weakness
16. Irritable and easily set off
17. Depressed
18. Accident prone
19. Feeling angry in general
20. Feeling overwhelmed and unable to cope-wants to run away
21. Nervous laughter, easily startled, jumpy
22. Frequent feelings of rejection
23. Difficulty concentrating or finishing things
24. Rarely laughs
25. Substance abuse

Please indicate any drugs that are being used:

- a. Nonprescription drugs (e.g., tobacco, alcohol, pot and/or caffeine) _____
- b. Prescription drugs including mind/behavior changing drugs _____

Please list any mind/behavior changing drugs (e.g., Ritalin, Prozac, etc.) previously taken _____

Please list any known adverse drugs reactions such as sleep disturbance, withdrawal and/or eating problems _____

Please offer any additional comments that would help us understand the role of stress in your life. You can use the other side of this form if you would like.

Completed by _____ Date _____