



Caregiver Stress Test #2

Place a checkmark next to the statements that are true for you within the last month:

- ☐ I experience headaches, neck aches or backaches frequently
- ☐ I have difficulty sleeping or staying asleep
- ☐ I feel pain often
- ☐ I have an upset stomach often
- ☐ I have had a change in my appetite or my weight recently
- ☐ I experience frequent colds or get the flu easily
- ☐ I drink alcohol, smoke cigarettes or do recreational drugs when I feel nervous or anxious
- ☐ I feel fatigued, tired or have no energy most of the time
- ☐ I feel overwhelmed or overloaded frequently
- ☐ I feel depressed or sad often
- ☐ I have feelings of anxiety
- ☐ I feel alone or lonely





- ☐ I feel as if I just can't slow down
- ☐ I get easily frustrated or angry
- ☐ I feel an urge to cry
- ☐ I have mood swings
- ☐ I feel restless
- ☐ I worry about everything often
- ☐ I experience nightmares when I sleep
- ☐ I'm having problems in my relationships
- ☐ I am experiencing sexual problems
- ☐ I tend to over eat when I'm stressed
- ☐ I find it difficult to concentrate or pay attention

What is your stress level?

Add the number of checked items from above to determine your stress level.

Number of Items Checked	Your Stress Level
0 to 3	Low
4 to 7	Moderate
8 to 11	High
More than 12	Very high