

STRESS ASSESSMENT *

Rate your Stress Level using this scale:

- 1 = None
- 2 = A little
- 3 = Some
- 4 = Moderate Amount
- 5 = A Great Deal

Examples of Different Types of Events or Thoughts:

Family, Friends, Doctors or Nurses, Neighbors, Job, Shopping, Finances, The Future, My Health, Responsibilities, Care Recipients Health, and Care Demands.

	MON	TUE	WED	THURS	FRI	SAT	SUN
STRESS LEVELS (1-5)							

Total Stress Levels

STRESSFUL EVENT OR THOUGHTS							
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Most Significant Event or Thought

Rate Your Level of Importance to the Event or Thoughts

- 1 = Not important 2 = Somewhat Important 3 = Important 4 = Very Important 5 = Most Important

Importance of event or thoughts						
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* Share findings with family or doctor or Nurse if stress at 20 or above.

Rating of Most Significant Event From Above