

MOOD & STRESS QUESTIONNAIRE

PART ONE: PATIENT TO FILL OUT

NAME: _____

DATE: _____

Please circle the following that best represents how you felt over the last week. Add up your score and add your total under each section.

SECTION 1		Less than 1 day per week	1 or 2 days per week	3 or 4 days per week	5 or more days per week
1	I feel 'wired but tired' – anxious but lethargic	0	2	4	6
2	I feel restless and exhausted when stressed	0	2	4	6
3	I feel tired all day but then cannot sleep at night or wake early in the morning and cannot get back to sleep	0	1	2	3
4	I get easily overstimulated by even mild amounts of caffeine or sugar	0	1	2	3

SECTION 1 TOTAL: _____

SECTION 2		Less than 1 day per week	1 or 2 days per week	3 or 4 days per week	5 or more days per week
1	I feel like my 'battery is flat'	0	2	4	6
2	I feel mentally and physically exhausted	0	2	4	6
3	I find it hard to get motivated to start or complete tasks	0	1	2	3
4	I find it hard to get going in the mornings	0	1	2	3

SECTION 2 TOTAL: _____

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SECTION 3	Less than 1 day per week	1 or 2 days per week	3 or 4 days per week	5 or more days per week
1 I feel downhearted and sad	0	2	4	6
2 I find it hard to get enthusiastic about anything	0	2	4	6
3 I find it difficult to work up the initiative to do things	0	1	2	3
4 I see nothing in my future to be hopeful about	0	1	2	3

SECTION 3 TOTAL: _____

SECTION 4	Less than 1 day per week	1 or 2 days per week	3 or 4 days per week	5 or more days per week
1 I feel anxious and worried	0	2	4	6
2 I feel panicky or distressed	0	2	4	6
3 I find it difficult to relax	0	1	2	3
4 I feel nervous and tense	0	1	2	3

SECTION 4 TOTAL: _____

SECTION 5	Less than 1 day per week	1 or 2 days per week	3 or 4 days per week	5 or more days per week
1 I get easily irritated, frustrated, grumpy or moody	0	2	4	6
2 It takes me a long time to wind down if something upsets me	0	2	4	6
3 I suffer from shoulder and/or neck pain and/or stiffness	0	1	2	3
4 I find myself getting impatient when I am delayed in any way (e.g. traffic lights, lifts, being kept waiting)	0	1	2	3

SECTION 5 TOTAL: _____

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SECTION 6		Less than 1 day per week	1 or 2 days per week	3 or 4 days per week	5 or more days per week
1	I worry excessively	0	2	4	6
2	I feel teary or cry easily when stressed	0	2	4	6
3	I find it difficult making decisions and/or tend to brood on things from the past	0	1	2	3
4	I feel overwhelmed, like everything is too much to cope with	0	1	2	3

SECTION 6 TOTAL: _____

SECTION 7		Less than 1 day per week	1 or 2 days per week	3 or 4 days per week	5 or more days per week
1	I find it difficult to fall asleep and/or stay asleep	0	2	4	6
2	I wake unrefreshed	0	2	4	6
3	I find it difficult to relax or 'switch off', especially at night	0	1	2	3
4	I feel intense anxiety or panic	0	1	2	3

SECTION 7 TOTAL: _____

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