

Index of Clinical Stress (Abel, 1991)

Name: _____

Date: _____

This questionnaire is designed to measure the way you feel about the amount of personal stress that you experience. It is not a test, so there is no right or wrong response. Answer each item as carefully and as accurately as you can (reflecting on the past 2 weeks) by placing a number beside each one as follows:

- 1=None of the time
 - 2=Very little
 - 3=A little of the time
 - 4=Some of the time
 - 5=A good part of the time
 - 6=Most of the time
 - 7=All of the time
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1. _____ I feel extremely tense.
 2. _____ I feel very jittery.
 3. _____ I feel like I want to scream.
 4. _____ I feel overwhelmed.
 5. _____ I feel very relaxed.
 6. _____ I feel so anxious I want to cry.
 7. _____ I feel so stressed that I would like to hit something.
 8. _____ I feel very calm and peaceful.
 9. _____ I feel like I am stretched to the breaking point.
 10. _____ It is very hard for me to relax.
 11. _____ It is very easy for me to fall asleep at night.
 12. _____ I feel an enormous sense of pressure on me.
 13. _____ I feel like my life is going very smoothly.
 14. _____ I feel very panicked.
 15. _____ I feel like I am on the verge of total collapse.
 16. _____ I feel like I am losing control of my life.
 17. _____ I feel that I am near the breaking point.
 18. _____ I feel wound up like a coiled spring.
 19. _____ I feel that I can't keep up with the demands on me.
 20. _____ I feel very much behind in my work.
 21. _____ I feel tense and angry with those around me.
 22. _____ I feel I must race from one task to the next.
 23. _____ I feel that I just can't keep up with everything.
 24. _____ I feel as tight as a drum.
 25. _____ I feel very much on edge.
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Score: _____