

Quiz: How Stressed Are You?**Always****Sometimes****Never**

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|--|--------------------------|--------------------------|--------------------------|
| 1. I worry that I do not have enough time to get everything done. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I regret that I have no time to do fun things each week. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I find myself losing track of details and forgetting due dates, promises, and appointments. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I worry about what I am doing. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I have conflicts or disagreements with friends or family. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I lose patience with small annoyances. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I seem to be late, no matter how hard I try to arrive on time. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I have difficulty sleeping. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. My eating habits have changed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I find myself needing a cigarette, drink, or prescription drug. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |