



## ADVANCED HEALTH SERVICES, LLC

Website: [www.OurAdvancedHealthServices.com](http://www.OurAdvancedHealthServices.com)

Email: [AdvancedHealth14@gmail.com](mailto:AdvancedHealth14@gmail.com)

Tel.: 561-596-7581 Fax: 561-355-5155

**Cover Page for Office Use Only!!!**

---

---

# RESULTS OF CONFLICT / STRESS QUESTIONNAIRE

---

---

NAME: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

DATE OF THE TEST: \_\_\_/\_\_\_/\_\_\_ DATE OF THE REPORT \_\_\_/\_\_\_/\_\_\_

---

---

**TEST NAME:**            **TEST DATA:**

---

---

Stress Symptoms:    \_\_\_ **physical**    \_\_\_ **emotional**    \_\_\_ **cognitive**    \_\_\_ **behavioral**

(Based on 24 possible symptoms: 6 physical, 6 emotional, 6 cognitive & 6 behavioral)

---

---

Stressful Conditions:    \_\_\_ **signs of physical stressors** (norm = 0)

                                 \_\_\_ **signs of social stressors** (norm = 0)

                                 \_\_\_ **signs of organizational stressors** (norm = 0)

                                 \_\_\_ **signs of self-taught stressors** (norm = 0)

## STRESS SYMPTOMS:

Which of these symptoms do you experience?

Circle the number that corresponds to the frequency with which you experience it.

<b>LIST OF SYMPTOMS:</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes / Monthly</b>	<b>Often / Weekly</b>	<b>Always / Daily</b>
1. Headaches (P)	1	2	3	4	5
2. Stomachaches (P)	1	2	3	4	5
3. Backaches (P)	1	2	3	4	5
4. Disorientation (C)	1	2	3	4	5
5. Excessive drinking of alcohol (B)	1	2	3	4	5
6. Crying for no reason (E)	1	2	3	4	5
7. Forgetfulness (C)	1	2	3	4	5
8. Compulsive gum chewing (B)	1	2	3	4	5
9. Compulsive eating (B)	1	2	3	4	5
10. Feeling overwhelmed by tasks (E)	1	2	3	4	5
11. Fatigue (P)	1	2	3	4	5
12. Depression (E)	1	2	3	4	5
13. Loss of creativity (C)	1	2	3	4	5
14. Loss of sense of humor (C)	1	2	3	4	5
15. Inability to finish started tasks (B)	1	2	3	4	5
16. Constant edginess (E)	1	2	3	4	5
17. Elevated blood pressure (P)	1	2	3	4	5
18. Anger (E)	1	2	3	4	5
19. Difficulty concentrating (C)	1	2	3	4	5
20. Loneliness (E)	1	2	3	4	5
21. Compulsive smoking (B)	1	2	3	4	5
22. Tightness & pain in the neck & shoulders (P)	1	2	3	4	5
23. Inability to learn new material (C)	1	2	3	4	5
24. Teeth grinding (B)	1	2	3	4	5
25. Other _____	1	2	3	4	5

NAME: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## STRESS REDUCTION:

How often do you use these measures to relax?

Circle the number that corresponds to the frequency with which you participate in each activity.

<b>LIST OF STRESS REDUCERS</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
1. Take aspirin	5	4	3	2	1
2. Use tranquilizers or other medication	5	4	3	2	1
3. Drink coffee or soda	5	4	3	2	1
4. Do you eat frequently	5	4	3	2	1
5. Exercise	1	2	3	4	5
6. Talk to someone you know	1	2	3	4	5
7. Leave your work area & go somewhere (use sick days, lunch away from work)	1	2	3	4	5
8. Use relaxation techniques such as meditation or yoga	1	2	3	4	5
9. Use informal relaxation techniques such as time out for deep breathing & imagining pleasant scenes	1	2	3	4	5
10. Smoke	5	4	3	2	1
11. Use humor	1	2	3	4	5
12. Have a/n (regular) alcoholic drink	5	4	3	2	1

NAME: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## STRESSFUL CONDITIONS:

The following statements represent day-to-day conditions that you may find stressful.

Read each item and circle the number that corresponds to the frequency with which you confront the condition.

LIST OF STRESSFUL CONDITIONS	Never	Rarely	Sometimes / Monthly	Often / Weekly	Always / Daily
1. Are you uncomfortable meeting strangers (S, ST)	1	2	3	4	5
2. Are you uncomfortable speaking in front of a group (ST)	1	2	3	4	5
3. Are you concerned over your ability to do everything you want to do (ST)	1	2	3	4	5
4. Do others that you work / live with seem unclear about what your job / task is (O)	1	2	3	4	5
5. Do you have a difference of opinion with your business associates / significant other (O, S)	1	2	3	4	5
6. Are the others' demands for your time at work / home in conflict with each other (O)	1	2	3	4	5
7. Do you lack confidence in "management"/ business associates / significant other (O)	1	2	3	4	5
8. Does "Management" / significant other expects you to interrupt your work / activities for new priorities (O)	1	2	3	4	5
9. Is there a conflict between yourself and others that you must work / live with (O)	1	2	3	4	5
10. Do you only get feedback when your performance is unsatisfactory (S)	1	2	3	4	5
11. Are the decisions or changes that affect you made "above" without your knowledge or involvement (O)	1	2	3	4	5
12. Do you have too much to do and too little time to do it (ST)	1	2	3	4	5
13. Do you feel overqualified for the work you do (ST)	1	2	3	4	5
14. Do you feel under-qualified for work you do (ST)	1	2	3	4	5
15. Are the people you work / live with closely trained in a different field than yours, do they have higher degree of education (O)	1	2	3	4	5
16. Do you have to go to other people / departments to get your job / tasks done (O)	1	2	3	4	5
17. Do you have unsettled conflict with people in your department / family (S)	1	2	3	4	5
18. Do you have unsettled conflicts with other departments / friends (S)	1	2	3	4	5
19. Do you get little personal support from the people that you work / live with (S)	1	2	3	4	5
20. Do you spend your time "fighting fires" rather than working towards a plan (O)	1	2	3	4	5
21. Do you feel family pressure about long hours, weekend work, etc. (S)	1	2	3	4	5
22. Do you have self-imposed demands to meet scheduled deadlines (ST)	1	2	3	4	5

NAME: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

<b>Continue of List of Stressful Conditions:</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
23. Do you have difficulty giving negative feedback to peers / significant other / friends (S, ST)	1	2	3	4	5
24. Do you have difficulty giving negative feedback to subordinates / children (S, ST)	1	2	3	4	5
25. Do you have difficulty dealing with aggressive people (S, ST)	1	2	3	4	5
26. Do you have difficulty dealing with passive people (S, ST)	1	2	3	4	5
27. Do overlapping responsibilities cause you problems (O)	1	2	3	4	5
28. Are you uncomfortable arbitrating a conflict among your business associates / friends (S)	1	2	3	4	5
29. Are you uncomfortable arbitrating a conflict among your subordinates / children (S)	1	2	3	4	5
30. Do you avoid conflict with peers, coworkers or spouse (S)	1	2	3	4	5
31. Do you avoid conflict with superiors / business associates / significant other (S)	1	2	3	4	5
32. Do you avoid conflict with subordinates / children (S)	1	2	3	4	5
33. Does allocation of resources generate conflict in your organization (O)	1	2	3	4	5
34. Do you experience frustration with conflicting procedures (O)	1	2	3	4	5
35. Are your personal needs in conflict with the organization or job (O, ST)	1	2	3	4	5
36. Are you bothered by your noisy environment (P, ST)	1	2	3	4	5
37. Do you have difficulty staying focused on a task (ST)	1	2	3	4	5
38. Is your significant other / family member(s) making too many demands on you (S)	1	2	3	4	5
39. Do you have concern over your parents' / family members' health (S)	1	2	3	4	5
40. Do you have difficulty communicating with your family members / children / friends (S, ST)	1	2	3	4	5
41. Do you have difficulty saying what you feel (ST)	1	2	3	4	5
42. Do you develop diarrhea after or during stressful situations (P)	1	2	3	4	5
43. Do you have difficulty falling or staying asleep (P)	1	2	3	4	5

NAME: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_