

HEALTH STRESS & CONCERNS QUESTIONNAIRE

Name _____ Date _____

Information for above person given by: Self Wife Husband Mother Father Other: _____

INSTRUCTIONS: To better understand your health stresses, concerns and needs, please take 5-12 minutes to identify on this questionnaire two specific responses:

FIRST, underline all of the following life concerns that pertain to you, or to the person you are observing.

SECOND, in front of each life concern you have underlined, identify its rate of distressing severity as follows:

1 = Mildly distressing 2 = Moderately 3 = Seriously 4 = Severely 5 = Very severely distressing

___ Medical struggles	___ Family struggles	___ Marital struggles	___ Sexual struggles
___ Financial struggles	___ Occupational struggles	___ Communication struggles	___ Legal struggles
{ } Dwelling on problems	{ } Restless/Edginess	{ } Nervous/tense	{ } Feeling panicky
{ } Shakiness or trembling	{ } Breathing difficult	{ } Chills/hot spells	{ } Sweating
{ } Persistent anger/irritability	{ } Muscle aches/pain	{ } Diminishes awareness	{ } Fear of dying
{ } Chest pain/discomfort	{ } Feeling of choking	{ } Accelerated heart beat	{ } Thoughts are racing
{ } Lightheaded/dizzy	{ } Excessive worry	{ } Feelings of helplessness	{ } Numbness/tingling
{ } Problems controlling thoughts/urges/images	{ } Stomach upset, pain or nausea	{ } Absence of emotional responsiveness	{ } Driven to repetitive behaviors
{ } Feeling detached from yourself	{ } Memory problems: ___Recent/___Remote	{ } Fear of losing control	{ } Avoid social situations
{ } Recent traumatic event	{ } Hard to trust anyone	{ } Hard to make friends	{ } Headaches
{ } Difficulty Concentrating	{ } Sleep disturbance	{ } Easily tired/fatigued	
() Depressed/sad feelings	() Indecisiveness	() Easily distractible	() Excessive sleeping
() Decreased sleep need	() Low self-esteem	() Inflated self-esteem	() Loss of weight
() Gain of weight	() Loss/Gain of appetite	() Feeling worthless	() Feeling suicidal
() Lack of interest/enjoyment	() Less energy than usual	() More energy than usual	() Very talkative
() Drawing away from people	() Quick change of moods	() Feeling guilty	() Feeling lonely
() Feeling negative about future	() Engaging fun activities with risky outcomes	() Homicidal thoughts/feelings	() Feeling ignored or abandoned
___ See/hear strange things	___ Confused often	___ Laugh without reason	___ Impulsive
___ Feel used by people	___ Feeling others are out to get me	___ Watched/talked about by others	
:___: Belligent attitude	:___: Rapidly changing moods	:___: Thinking impairment	
:___: Impaired decision-making	:___: Impaired social functioning	:___: Impaired work functioning	:___: Impaired relationship functioning
:___: Failure to fulfill major role expectations: work, home, school, socially, etc.	:___: Engage in physically hazardous activities: driving or boating after substance use, etc.	:___: Substance-related legal problems: DUIs, arrests, accidents, etc.	
:___: Need increased amounts to get desired feelings	:___: Diminished effect with continued use	:___: Decreased use causes distress or impairment	:___: Engage in more use than intended
:___: Important activities are given up or reduced	:___: Continued use despite persistent or recurrent problems in life	:___: Persistent desire or unsuccessful effort to quit or control use	:___: Devote noticeable time to obtain items or recover from use

© This **Health Stress & Concerns Questionnaire** was composed by **Chaplain Roy B. Nash**, M. Div., LMFT, LCPC, AAPC and APC — Fellow, AAIM, IABMCP & APA — Diplomate, a Pastoral Psychotherapist and Marriage & Family Therapist: **Belief-focused Care & Healing**, 5004 Eagle Ridge, Springfield, IL 62711-7830. Primary and general sources of information are from DSM-IV. Permission is granted for unlimited reproduction of this **HSCQ**. Composed 1997, Revised 2001, 2005.