

HELPFUL INFORMATION

STRESS-ADJUSTMENT EVALUATION

by Michael Gass, Ph.D.

In order to achieve the highest level of well being you need to assess your emotional, family and work-related stress to place yourself in a position to do something about your stress and to manage it effectively. Please answer the following questions yes or no:

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| <input type="checkbox"/> Are you experiencing chronic or periodic stress? | <input type="checkbox"/> Have you been injury or accident-prone? |
| <input type="checkbox"/> Are you depressed, apathetic or lethargic? | <input type="checkbox"/> Are you too critical of yourself? |
| <input type="checkbox"/> Do you look at life as 'the glass is half empty rather than half full?' | <input type="checkbox"/> Do you have difficulty understanding and listening? |
| <input type="checkbox"/> Are you irritable, angry, moody or upset? | <input type="checkbox"/> Are you too controlling? |
| <input type="checkbox"/> Are you less motivated and enthusiastic than you want to be? | <input type="checkbox"/> Are you too critical of others? |
| <input type="checkbox"/> Do you have poor self-esteem and feelings of inadequacy? | <input type="checkbox"/> Do you blame others for your problems? |
| <input type="checkbox"/> Are you neglecting your personal and physical self? | <input type="checkbox"/> Are you fearful to assert yourself? |
| <input type="checkbox"/> Do you ignore or avoid facing your problems? | <input type="checkbox"/> Are you uncomfortable facing your's or other's feelings? |
| <input type="checkbox"/> Do you need to make peace and please others rather than facing your problems? | <input type="checkbox"/> Are you governed by 'shoulds' rather than also what you want? |
| <input type="checkbox"/> Are you not dealing effectively with stress and problems? | <input type="checkbox"/> Are you a pleaser and trying to prove yourself to others? |
| <input type="checkbox"/> Are you having difficulty experiencing pleasure? | <input type="checkbox"/> Do you feel useless unless helping another? |
| <input type="checkbox"/> Are you withdrawing from others, activities or your problems? | <input type="checkbox"/> Is your self esteem, well being and satisfaction based primarily on another person? |
| <input type="checkbox"/> Has your life been aimless or non-goal oriented? | <input type="checkbox"/> Are you possessive or suffocating? |
| <input type="checkbox"/> Is your life unfulfilling and lacking purpose? | <input type="checkbox"/> Do you equate love with pain and sacrifice? |
| <input type="checkbox"/> Do you have a death wish or suicidal ideation? | <input type="checkbox"/> Are you regularly making excuses for another=s problems? |
| <input type="checkbox"/> Is it difficult to trust your judgment and self? | <input type="checkbox"/> Are you giving up yourself regularly for another person? |
| <input type="checkbox"/> Do you have difficulty making decisions? | <input type="checkbox"/> Are you trying to fix someone you are powerless over? |
| <input type="checkbox"/> Do you procrastinate? | <input type="checkbox"/> Are you having difficulties relating to your children? |
| <input type="checkbox"/> Are you having difficulty concentrating? | <input type="checkbox"/> Are you having family, marital or relationship problems? |
| <input type="checkbox"/> Are you having problems remembering? | <input type="checkbox"/> Are you in an unhealthy or addictive relationship? |
| <input type="checkbox"/> Are you experiencing physical problems your physicians cannot account for? | <input type="checkbox"/> Are you being victimized by another's behavior and problems? |
| <input type="checkbox"/> Are you having difficulty with your appetite? | <input type="checkbox"/> Do you go from one poor relationship to another? |
| <input type="checkbox"/> Have you experienced an increase or decrease in weight? | <input type="checkbox"/> Are you going through or recently went through, a divorce or separation? |
| <input type="checkbox"/> Are you having difficulty sleeping? | <input type="checkbox"/> Are you experiencing job stress? |
| <input type="checkbox"/> Do you lack energy? | <input type="checkbox"/> Have you recently experienced a job loss or burnout? |
| <input type="checkbox"/> Are you using alcohol or drugs in a mind-altering way or to self medicate yourself? | <input type="checkbox"/> Has a loved one recently become seriously ill or died? |
| <input type="checkbox"/> Are you smoking regularly? | <input type="checkbox"/> Are you suffering from a chronic illness or injury? |
| <input type="checkbox"/> Are you working, eating, gambling or engaging in an activity excessively? | <input type="checkbox"/> Have you experienced a traumatic or very stressful event? |
| | <input type="checkbox"/> Do you come from an unhealthy or dysfunctional family background and upbringing? |
| | <input type="checkbox"/> Is it difficult to live your life in faith and hope? |
| | <input type="checkbox"/> Do you feel trapped in a lifestyle you cannot get out of? |

If you answered 'yes' to any of these questions it may be an indicator of stress or an adjustment problem, although just one indicator. What is important is identifying specific problem areas which are impairing your life and preventing you from living the way you want to and are capable of.

Through your own understanding and knowledge you can be helpful to yourself and others.