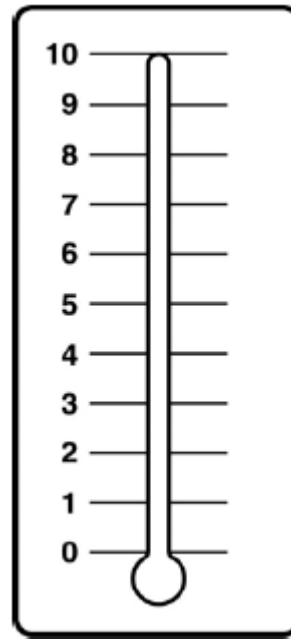


Introduction

FIRST: On the thermometer on the right mark the number (0-10) which best describes how stressed you have felt during the past week, including today.



Extremely stressed

No stress

SECOND: Indicate whether you have had problems in one of the following areas in the past week, including today. Mark YES or NO for each item.

YES	NO		YES	NO	
		Practical Problems			Physical Problems
<input type="radio"/>	<input type="radio"/>	Home situation	<input type="radio"/>	<input type="radio"/>	Pain
<input type="radio"/>	<input type="radio"/>	Insurance	<input type="radio"/>	<input type="radio"/>	Nausea
<input type="radio"/>	<input type="radio"/>	Work/School	<input type="radio"/>	<input type="radio"/>	Tiredness
<input type="radio"/>	<input type="radio"/>	Transport	<input type="radio"/>	<input type="radio"/>	Sleep
<input type="radio"/>	<input type="radio"/>	Childcare	<input type="radio"/>	<input type="radio"/>	Getting around/mobility
		Family Problems	<input type="radio"/>	<input type="radio"/>	Bathing, dressing
<input type="radio"/>	<input type="radio"/>	Relating to your partner	<input type="radio"/>	<input type="radio"/>	Appearance
<input type="radio"/>	<input type="radio"/>	Relating to your children	<input type="radio"/>	<input type="radio"/>	Breathing
		Emotional Problems	<input type="radio"/>	<input type="radio"/>	Oral inflammation
<input type="radio"/>	<input type="radio"/>	Worry	<input type="radio"/>	<input type="radio"/>	Eating/foods
<input type="radio"/>	<input type="radio"/>	Anxiety	<input type="radio"/>	<input type="radio"/>	Indigestion
<input type="radio"/>	<input type="radio"/>	Sadness	<input type="radio"/>	<input type="radio"/>	Constipation
<input type="radio"/>	<input type="radio"/>	Depression	<input type="radio"/>	<input type="radio"/>	Diarrhea
<input type="radio"/>	<input type="radio"/>	Tenseness	<input type="radio"/>	<input type="radio"/>	Changes in urination patterns
<input type="radio"/>	<input type="radio"/>	Loss of interest in everyday activities	<input type="radio"/>	<input type="radio"/>	Fever
		Spiritual/religious Concerns	<input type="radio"/>	<input type="radio"/>	Dry/itchy skin
<input type="radio"/>	<input type="radio"/>	Relating to God	<input type="radio"/>	<input type="radio"/>	Dry/congested nose
<input type="radio"/>	<input type="radio"/>	Loss of faith	<input type="radio"/>	<input type="radio"/>	Tingling in hands/feet
			<input type="radio"/>	<input type="radio"/>	Swelling/bloated feelings
			<input type="radio"/>	<input type="radio"/>	Memory/concentration
			<input type="radio"/>	<input type="radio"/>	Sexual problems

Other problems: _____