

Stress Questionnaire

Date: _____

Name and Date of Birth: _____

1. How much stress are you and your family under now?

None Slight Moderate Severe

2. What kind of stress?

Relationships Drugs Alcohol Violence/abuse Lack of help

Financial Health Insurance Child Care

Other: _____

3. How stressful is caring for your child?

None Slight Moderate Severe

4. In the past month, have you felt down, depressed or hopeless?

No Sometimes Often

5. In the past month, have you felt little interest or pleasure in doing things?

No Sometimes Often