

# Emotional Stress Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Are you currently dealing with a financial issue? \_\_\_\_\_  
If so, please describe? \_\_\_\_\_

2. Who are the people in your life that cause you stress? \_\_\_\_\_  
\_\_\_\_\_

3. Are they family or friends? \_\_\_\_\_

4. Do you live with them? \_\_\_\_\_

5. Are the stressful people co-workers? \_\_\_\_\_

6. Are the stressful people at your school or neighborhood? \_\_\_\_\_

7. How much time per day or per week do you spend with them? \_\_\_\_\_  
\_\_\_\_\_

8. Are you stressed by either work or school? \_\_\_\_\_  
If so, which one? \_\_\_\_\_

9. Are you stressed because of concern for family members or friends?  
If so, what about be specific? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

10. Are living with overwhelming emotions like: fear, anger, guilt, self-doubts?  
If so, list these emotions and explain how it affects you.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Disclaimer: The Emotional Stress Balance is not a medical therapy or treatment. It does not replace medical care or therapy for any type of mental health disorder. If you have some type of mental imbalance please seek the care of a licensed mental health specialist.*