

The content provided within this questionnaire and on YourGreatestProtection.com is intended for informational purposes only. It offers a general overview and should not be considered as medical or professional advice. Always consult with qualified healthcare professionals or specialists regarding any personal concerns or specific conditions. YourGreatestProtection.com does not assume any responsibility or liability for any actions taken based on the information provided on this platform.

| | | Yes | No |
|--------------|------------------------------------------------------------------------------------|-----|----|
| 1 | I often feel overwhelmed by my daily tasks. | | |
| 2 | I find it hard to disconnect from work during my free time. | | |
| 3 | I feel anxious about the future. | | |
| 4 | I have difficulty saying "no" to additional tasks or responsibilities. | | |
| 5 | I feel like I'm always rushing from one task to another. | | |
| 6 | I have trouble sleeping because of worries about the next day. | | |
| 7 | I rarely take breaks during work, even if I'm tired. | | |
| 8 | I often skip meals due to a lack of time or excessive work. | | |
| 9 | I find it challenging to maintain a balance between work and personal life. | | |
| 10 | I constantly think about tasks I haven't finished yet. | | |
| 11 | I feel like I'm always playing catch-up with my responsibilities. | | |
| 12 | I get easily irritated by small inconveniences. | | |
| 13 | I often feel physically tired, even if I haven't done any strenuous activity. | | |
| 14 | I find it hard to relax, even during downtime. | | |
| 15 | I frequently cancel or postpone social plans because of work or other obligations. | | |
| 16 | I often feel guilty about not doing enough, even when I've done a lot. | | |
| 17 | I regularly experience headaches or other physical symptoms of stress. | | |
| 18 | I feel like there's a constant pressure to perform and meet expectations. | | |
| 19 | I often work through the weekends or on my days off. | | |
| 20 | I struggle to focus on tasks because of distracting worries. | | |
| 21 | I feel like I need to be constantly productive to be worthwhile. | | |
| 22 | I often feel isolated or disconnected from friends and family due to my schedule. | | |
| 23 | I constantly feel like I'm falling behind, even if I'm on track. | | |
| 24 | I rarely have time for hobbies or activities I enjoy. | | |
| 25 | I feel like my stress levels negatively impact my overall health. | | |
| Total | | | |

Stress Score Calculation and Interpretation

How to Calculate Your Stress Score:

1. Answer each question in the questionnaire honestly by ticking either "Yes" or "No".
2. Count the number of times you answered "Yes".
3. This count is your Stress Score.

Interpreting Your Stress Score:

- **0-5: Low Stress Level** - You seem to handle stressors well and maintain a balanced approach to challenges.
- **6-12: Moderate Stress Level** - You experience some stress, which is natural. However, consider identifying specific stressors and find ways to manage or reduce them.
- **13-19: High Stress Level** - It's evident that stress is impacting your daily life. It might be beneficial to seek strategies or support in managing these feelings.
- **20-25: Very High Stress Level** - Your responses indicate a significant level of stress. Prioritize self-care, relaxation techniques, and consider seeking professional help or counseling to navigate these feelings.

Remember, this scoring system provides a general overview of your perceived stress levels. It's always recommended to consult with a professional for a comprehensive understanding of your individual circumstances.