Stress Symptom Checklist

Please check the symptoms that you experience once or twice a week:

____ Headaches
____ Buzzing or ringing in your ears
____ Constipation
____ Diarrhea
____ Faintness or dizziness
____ Voice quavering or shaking
____ Dry mouth
____ Tightness in jaw
____ Sore muscles
____ Weakness in parts of the body
____ Smoking
____ Itching
____ Sweaty palms
____ Tense and anxious feelings
____ Shakiness
____ Bad dreams
____ Your mind going blank
____ Difficulty making decisions
____ Trouble remembering things
____ "Cold" sores
____ Obsessive thoughts
____ Poor appetite
____ Irritability
____ Tearfulness
____ Loss of sexual functioning
____ Overeating
____ Excessive urination
____ Hot flashes
____ Cold hands or feet
____ Blushing
____ Trouble concentrating
____ Twitches, tics, spasms
____ Lump in throat
____ Stuttering
____ Grinding of teeth
____ Lower back pain
____ Heavy feeling in arms or legs
____ Heart racing
____ Allergies
____ Tightness in stomach
____ Nausea
____ Indigestion
____ Fearful feelings
____ Inferior feelings
____ Worrying about things
____ Loss of interest
____ Insomnia
____ Fatigue
____ Chest pains
____ Loss of sexual interest/desire

Other

____ ______________________________
____ ______________________________
____ ______________________________
____ ______________________________
____ ______________________________

For questions or concerns about any of your symptoms, please call the Student Health Center (994-6827) or the UCC (994-5300).

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