

Resiliency

Questionnaire



*It is not the strongest of the species
that survive, nor the most intelligent,
but the one most responsive
to change*

- Charles Darwin

This is an anonymous questionnaire for personal use. It is designed to help you evaluate your patterns of pressure and tension before considering a self-care programme. This is not a diagnostic tool but rather offers you an opportunity to notice your patterns of tension or pressure, patterns we all experience from time to time. Completing the questionnaire may inform your choice of intervention for building resilience. If you require any further information please do not hesitate to contact us. info@resilienceinternational.com

SMI in Association with



Instructions

- 1 Complete this questionnaire when you have a few spare moments.**
- 2 Do not allow the questionnaire to be a source of stress it is primarily a tool for observing patterns of tension.**
- 3 With each new symptom try to reflect back to both your personal and professional life in recent months and determine an average number of times a symptom occurred. Please try to be as accurate as possible without worrying about doing it perfectly.**
- 4 For each new question fill in the number in the total column that best describes the frequency of the symptoms that you experience due to stress.**

Frequency Scoring

- | | |
|-------------------------|---|
| 0 for Never | if you have not experienced the symptom in the last year |
| 1 for Seldom | if you experience the symptom less than once a month |
| 2 for Infrequent | if you experience the symptom once a month |
| 3 for Occasional | if you experience the symptom more than once a month |
| 4 for Very often | if you experience the symptom more than once a week |
| 5 for Constant | if you experience the symptom daily |

A . Physical Symptoms Check list

PHYSICAL Symptoms	FREQUENCY						TOTAL
	Never <small>not in the last year</small>	Seldom <small>Less than once a month</small>	Infrequent <small>once a month</small>	Occasional <small>More than once a month</small>	Very often <small>More than once a week</small>	Constant <small>Daily</small>	
1 Headache	0	1	2	3	4	5	
2 Neck ache	0	1	2	3	4	5	
3 Back ache	0	1	2	3	4	5	
4 Shoulder tension	0	1	2	3	4	5	
5 Leg ache	0	1	2	3	4	5	
6 Wrists or hand ache	0	1	2	3	4	5	
7 Sore feet	0	1	2	3	4	5	
8 Jaw pain	0	1	2	3	4	5	
9 Other stiff joints & muscles (knees elbows hips)	0	1	2	3	4	5	
10 Twitching	0	1	2	3	4	5	
11 Sore or dry eyes	0	1	2	3	4	5	
12 Dizziness / lightheaded	0	1	2	3	4	5	
13 Dry mouth	0	1	2	3	4	5	
14 Tightness in chest	0	1	2	3	4	5	
15 Palpitations (racing heart)	0	1	2	3	4	5	
16 Clammy hands or feet	0	1	2	3	4	5	
17 Excessive sweating	0	1	2	3	4	5	
18 Shortness of breath	0	1	2	3	4	5	
19 Coughing	0	1	2	3	4	5	
20 Skin Problems (rash or itching)	0	1	2	3	4	5	
21 Teeth grinding	0	1	2	3	4	5	
22 Tiredness or Fatigue	0	1	2	3	4	5	
23 Excessive yawning	0	1	2	3	4	5	
24 Frequent colds, Flu, Ear Infections	0	1	2	3	4	5	
25 Nausea	0	1	2	3	4	5	
26 Indigestion	0	1	2	3	4	5	
27 Diarrhea	0	1	2	3	4	5	
28 Constipation	0	1	2	3	4	5	

A. Total score

B . Thoughts and Feelings Checklist

Thoughts and Feelings Symptoms	FREQUENCY						TOTAL
	Never <small>not in the last year</small>	Seldom <small>Less than once a month</small>	Infrequent <small>once a month</small>	Occasional <small>More than once a month</small>	Very often <small>More than once a week</small>	Constant <small>Daily</small>	
1 Exaggerating problems	0	1	2	3	4	5	
2 Self critical	0	1	2	3	4	5	
3 Finding fault in others	0	1	2	3	4	5	
4 Criticising others or gossiping	0	1	2	3	4	5	
5 Difficulty concentrating	0	1	2	3	4	5	
6 Feeling Unmotivated	0	1	2	3	4	5	
7 Holding resentments or holding grudges	0	1	2	3	4	5	
8 Feeling hostile or defensive	0	1	2	3	4	5	
9 Thinking or rethinking the same situation	0	1	2	3	4	5	
10 Restlessness	0	1	2	3	4	5	
11 Feeling unappreciated	0	1	2	3	4	5	
12 Feeling rushed or time pressured	0	1	2	3	4	5	

B. Total score

C. Emotions Checklist

		Frequency					
Emotional Symptoms	Never <small>not in the last year</small>	Seldom <small>Less than once a month</small>	Infrequent <small>once a month</small>	Occasional <small>More than once a month</small>	Very often <small>More than once a week</small>	Constant <small>Daily</small>	TOTAL
1 General anxiety	0	1	2	3	4	5	
2 Anxiety over deadlines or specific pressures	0	1	2	3	4	5	
3 Impatience	0	1	2	3	4	5	
4 Feeling unsociable or avoiding people	0	1	2	3	4	5	
5 Sensitive to criticism	0	1	2	3	4	5	
6 Feeling irritable or cranky	0	1	2	3	4	5	

C. Total Score

D . Behavioural Checklist

		FREQUENCY					
Behavioural Symptoms	Never <small>not in the last year</small>	Seldom <small>Less than once a month</small>	Infrequent <small>once a month</small>	Occasional <small>More than once a month</small>	Very often <small>More than once a week</small>	Constant <small>Daily</small>	TOTAL
1 Nail biting	0	1	2	3	4	5	
2 Difficulty sleeping	0	1	2	3	4	5	
3 Putting things off	0	1	2	3	4	5	
4 Irregular eating habits	0	1	2	3	4	5	
5 Doing several things at the same time	0	1	2	3	4	5	
6 Taking caffeine (Tea and Coffee)	0	1	2	3	4	5	
7 Using tobacco in any form	0	1	2	3	4	5	
8 Drinking alcoholic beverages	0	1	2	3	4	5	

Total Score

Scoring your stress symptoms checklist

		Totals
Physical stress symptoms	A	<input type="text"/>
Thoughts & Feelings	B	<input type="text"/>
Emotional stress symptoms	C	<input type="text"/>
Behavioural stress symptoms		<input type="text"/>
Grand Total	A+B+C+D =	<input type="text"/>

Interpreting your score

0 - 25	You're doing great
26 - 45	Comfortable handling of pressure
46 - 80	Could sharpen skills
81 - 125	Time for major improvement
Over 125	Training is advisable

If you want to check out your results it may be a good idea to give the questionnaire to someone who knows you very well (a partner, a friend, or supportive family member) and can give you honest feedback on your result. This is a way of correcting any self reporting bias (positive and negative) Please remember the questionnaire is not a diagnostic tool but an awareness building tool.