

Work Stress Symptom Scale

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Have you, due to stress at your workplace, suffered from any of these symptoms during the last twelve months?

Your age: ____ years Your sex: female ____ male ____

Answer by marking the alternative that comes closest to your own experience.
0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = very often

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|--|---|---|---|---|---|
| 1. Exhaustion | 0 | 1 | 2 | 3 | 4 |
| 2. Difficulties to concentrate | 0 | 1 | 2 | 3 | 4 |
| 3. Weariness and feebleness | 0 | 1 | 2 | 3 | 4 |
| 4. Insomnia | 0 | 1 | 2 | 3 | 4 |
| 5. Nervousness | 0 | 1 | 2 | 3 | 4 |
| 6. Irritation | 0 | 1 | 2 | 3 | 4 |
| 7. Depression | 0 | 1 | 2 | 3 | 4 |
| 8. Indifference towards everything | 0 | 1 | 2 | 3 | 4 |
| 9. Reduced work performance | 0 | 1 | 2 | 3 | 4 |
| 10. Reduced self-confidence | 0 | 1 | 2 | 3 | 4 |