

## Self-Monitoring Questionnaire

*Designate one of the following three choices for the items below (skip any question not applicable to you)*

*A = Not a problem, B = Somewhat a problem, C = Big Problem*

			MY STRESS CONTROL STRATEGIES	
A	B	C	1. I have problems with falling asleep, staying asleep or overall sleep quality	
A	B	C	2. My heart races or my breathing is uneasy	
A	B	C	3. I feel overly vigilant or on guard	
A	B	C	4. I'm easily startled by sounds and people	
A	B	C	5. I have nightmares	
A	B	C	6. I re-live terrifying experiences through flashbacks	
A	B	C	7. I am numbed out so that I don't know what I feel	
A	B	C	8. I feel disoriented (detached from others, activities or my surroundings)	
A	B	C	9. I feel anxious or sense anxiety wherever I go	
A	B	C	10. I am having problems concentrating or remembering	
A	B	C	11. I feel depressed as a result of my work	
A	B	C	12. I easily get irritated with other people	
A	B	C	13. I have mood swings	
A	B	C	14. It is hard for me to care about the problems of other people right now	
A	B	C	15. I worry that I overuse cigarettes, caffeine or other stimulants	
A	B	C	16. Alcohol, prescription drugs or other intoxicants help me cope	
A	B	C	17. I find it hard to renew myself (e.g. exercise, downtime, engaging with friends, etc.)	
A	B	C	18. When I finish my assigned work, I cannot disengage	
A	B	C	19. I keep taking on extra tasks	
A	B	C	20. I feel cut off from supportive relationships, loved ones or close friends	
A	B	C	21. I've been eating too little (or far too much)	