

FIGURE 1 Symptoms/ Signs of Stress

In completing the Inventory, place a check beside the symptoms/signs which you suspect are indicators of problems for your child and place a check beside probably causes. Your response will be kept confidential and identified only by the number assigned at the top. Thank you.

Age of your child _____
Placed in Spec. Ed? Y / N

Sex of your child: M F
Relationship of person
Filling out inventory?
Mother
Father
Other _____

Competition
 With peers
 With siblings
 With parents'
 With fantasy heroes
 In sports
 In schoolwork
 Other _____

Specific Problem Areas
 Burnout
 Death
 Divorce
 Diet
 Chemical imbalance
 Moves
 Money
 Heterosexual relationships
 New family member
 Allergies
 Other _____

Symptoms/Signs Does Your Child Exhibit ...

Physical Symptoms of Stress?
 Headaches
 Stomachaches
 Fatigue
 Backaches
 Appetite changes
 Vague physical complaints

Specific Symptoms such as ...
 Fears
 Over sensitiveness
 Nightmares
 Suicide thoughts
 Temper tantrums
 Lying
 Bedwetting
 Nail-biting
 Aggressiveness
 Evidence of drug abuse
 Irrational arguments
 Low self-esteem
 Running away

Scholastic Symptoms of Stress?
 Drop in grades
 Loss in concentration and memory

An Unusual Activity Level?
 Decrease in mental/physical energy
 Withdrawal from usual activities
 Increased purposeless, non-goal directed

Social Symptoms of Stress?
 Withdrawal
 Overinvolvement

Shifts in Feelings?
 Mood changes (moodiness, irritability
sadness, boredom, depression)
 Elation without reason

Sleep Disorders?
 Too much sleep
 Can't fall asleep
 Early awakening

Causes Does Your Child Feel Anxious Because of ...

Nonacceptance?
 From peers
 From parents
 From others
 From self (appearance, abilities)
 Other _____

Expectations of Perfection
 (The Superman/Wonder Woman Urge)
 From peers
 From parents
 From others
 From self (appearance, abilities)
 Other _____