

stress-diary | causes

First and last name:

Completed on:

Stress Causes Questionnaire

What causes or problems are you currently considering?

On a scale of 1-7: How would you rate the following as relevant causes.

1= less relevant to 7= very relevant.

	Not applicable	Relevant: Less → Very
Disease / Comorbidity ○	○○○○○○○○
Relationship / Partnership ○	○○○○○○○○
Physical development such as puberty, menopause ○	○○○○○○○○
Fateful experience, trauma ○	○○○○○○○○
Degree of personal development ○	○○○○○○○○
Ability to satisfy your own expectations ○	○○○○○○○○
Illness / Death / Loss of a loved one ○	○○○○○○○○
Everyday conflicts ○	○○○○○○○○
Conflicts at school/college, at work ○	○○○○○○○○
Conflicts with your partner ○	○○○○○○○○
Conflicts in/among your family / friends ○	○○○○○○○○
Cell phone, social media, network usage ○	○○○○○○○○
Gaming, gambling addiction ○	○○○○○○○○
Deadline pressure and obligations ○	○○○○○○○○
Mobility and road traffic ○	○○○○○○○○
Excessive household chores ○	○○○○○○○○
Child rearing and caretaking ○	○○○○○○○○
Financial aspects, existential anxiety ○	○○○○○○○○
Caretaking of a relative ○	○○○○○○○○
Other <input style="width: 300px; height: 25px;" type="text"/> ○	○○○○○○○○
Other <input style="width: 300px; height: 25px;" type="text"/> ○	○○○○○○○○

Comments – What causes are you currently considering?