Stress Survey

1. What is your age?
2. What is your gender?
3. What is your grade?
4. Do you or have you played within the last year a competitive sport for Amador (anything except for golf)? If yes skip to 7., yes / no
5. Do you strenuously exercise three or more times a week (20 minutes of cardio=strenuous)? If yes skip to 7. Yes / no
6. Do you exercise little or rarely? Yes / no
7. What is your cumulative GPA?
8. How many AP classes are you taking?
9. How many hours of homework do you do per night? 0-1 1-2 3-4 more
10. How many hours of sleep do you get per night? 0-4 5-7 8-12 more
11. Have you ever been disciplined by the school administration? Yes / no
12. Do you feel stress about your friends one or more times per week? Yes / no
13. Would you classify yourself as a leader or a follower within your peer group?
14. How would you rate your confidence level: Very Somewhat or a little confident?
15. Do you fight with your family or experience more family problems when stressed? Yes / no
16. Do you have a trusted family member you confide in when stressed? Yes / no
17. Do you consider yourself healthy? Yes / no
18. Do you consider yourself physically fit? Yes / no
19. Do you feel confident in stressful situations? Yes / no
20. Do you frequently take naps (3 or more times per week) after school? Yes / no
21. Are you overweight? Yes / no
22. Do you have any stress related health problems? Yes / no If yes which:
23. Do you smoke cigarettes? Yes / no
24. Do you drink alcohol? Yes / no
25. Do you use illegal drugs? Yes / no
26. Do you get three nutritious meals a day? Yes / no
27. Do you regularly feel sick or run down? Yes / no
28. Do you experience insomnia? Yes / no
29. Do you experience back or muscle pain? Yes / no
30. Do you experience mood swings? Yes / no
31. Do you ever fall asleep in class? Yes / no