



## physician litigation stress resource center

### Stress Assessment Checklist

The following list of random symptoms is not indicative of any specific diagnosis. It helps, however, to focus our attention on symptoms that may represent problems that are further explored at [www.physicianlitigationstress.org](http://www.physicianlitigationstress.org) under “Sources of Support – Symptoms to Watch For” and “When to Get a Consultation.” Transient symptoms are not uncommon. If symptoms persist, consultation is warranted. NOTE: You can check “Yes” or “No” for the following statements directly on this form and then print it out, or you may wish to print out the checklist first and fill it out “offline.”

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I feel sad and empty most of the time.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I am worried and unable to set worries aside.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I feel restless and anxious.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I have trouble concentrating.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I have trouble making decisions   |
| <input type="checkbox"/> | <input type="checkbox"/> | I seem to have no energy or interest in my usual activities.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I have trouble going to or staying asleep.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I have had a relative or friend who complained about my drinking.                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | I have difficulty limiting my drinking to one or two drinks.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I have repeated memories and thoughts about my experience of an adverse event or lawsuit.             |
| <input type="checkbox"/> | <input type="checkbox"/> | I have physical reactions (heart pounding, sweating) when thinking about my adverse event or lawsuit. |
| <input type="checkbox"/> | <input type="checkbox"/> | I avoid thinking about or talking about my adverse event or lawsuit.                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | I am frequently irritable and have angry outbursts.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I think about dying or about killing myself.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I no longer have any interest in sex.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I am self-medicating for treatment of my sleep and anxiety symptoms.                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | I have increasing difficulties in my relationships with my spouse, family, and associates.            |
| <input type="checkbox"/> | <input type="checkbox"/> | I experience the recent onset of, or exacerbation of, a previously diagnosed physical illness.        |