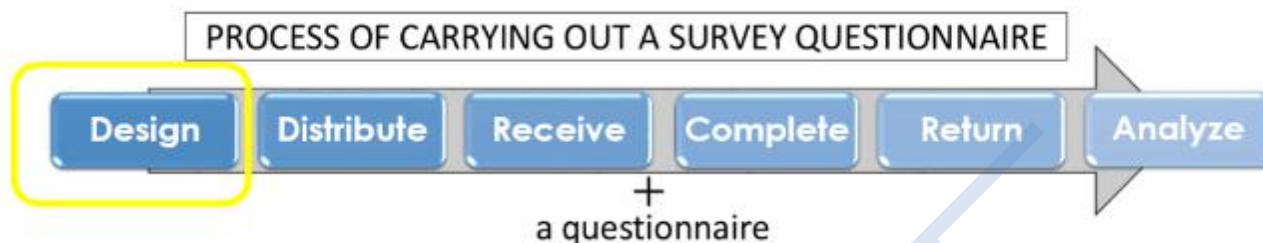


Further Exploration: A Questionnaire about Stress

Activity 1. Fill in the boxes with verbs.



Activity 2. Extract words to build your word bank with the help of electronic dictionary.

	Aspects	Word Bank	
1	Levels of stress	e.g. low, high, moderate	
2	Types of stress	e.g. emotional	social
		financial	academic
3	Signs/Symptoms/Effects of Stress		
	Physical/ Behavioral	e.g. headache	3. periods of crying
		1. sleep disturbance / insomnia	4. fatigue
		2. bad memory	5. overeating
	Emotional	e.g. depression	3. low self-esteem
		1. anger / irritability	4. feeling hopeless/helpless
		2. anxiety	5. feeling misunderstood/ isolated
4	Sources /Causes of stress	e.g. family	3. illness/ injuries
		1. study (workload/grade)	4. financial issues
		2. social relationship	5. traumatic events (bullying, accidents, disasters)
5	Stress busters/ Ways to cope with stress	e.g. talking with trusted people	3. eating well / having comfort food
		1. doing physical exercise/ sports	4. getting medical treatment
		2. doing fun stuff	5. removing the triggers of stress
6	Collocations: Verbs And others	e.g. bring about/ cause / trigger stress alleviate / ease / relieve stress suffer / endure stress cope with / handle / manage stress stress buster/ reliever / management	

Activity 3. Group discussion: devise a questionnaire.

A QUESTIONNAIRE ABOUT STRESS

XXX School Student Stress Survey

😊 Hello,

You are invited to participate in XXX student stress survey. High school life can be genuinely stressful sometimes, and we want to find out ways to support our students to cope with stress more efficiently.

Please take some moments to reflect on each question addressed and try to be as sincere as possible. Your answers will remain confidential and they will only be used in finding ways to improve the academic experience of our students.

---- School Health Club

1. What is your grade?

- ☐ Senior 1
- ☐ Senior 2
- ☐ Senior 3

2. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Other: _____

3. How stressed do you feel on a daily basis during the academic year on a scale of 1-10?

Not Stressed at All  Most Stressed

1 2 3 4 5 6 7 8 9 10

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

4. What are the symptoms of stress and changes with your body that you noticed?

- ☐ tiredness/fatigue
- ☐ sweaty hands
- ☐ loss of appetite
- ☐ headaches
- ☐ other aches and pains
- ☐ sleep disturbance
- ☐ upset stomach
- ☐ high blood pressure
- ☐ weakened immune system
- ☐ muscle tension

5. What are the usual BEHAVIORAL effects of stress you've noticed at yourself? (Select all that apply)

- ☐ Difficulty communicating
- ☐ Irritability, outbursts of anger, frequent arguments
- ☐ Inability to rest, relax or let down
- ☐ Change in eating habits
- ☐ Change in sleep patterns
- ☐ Change in activity performance
- ☐ Periods of crying
- ☐ Avoidance of activities or places
- ☐ Accident prone
- ☐ Other

6. What are the usual EMOTIONAL effects of stress you've noticed at yourself? (Select all that apply)

- ☐ Denial
- ☐ Anxiety or fear
- ☐ Irritability or anger

- ☐ Restlessness
- ☐ Sadness, moodiness, grief or depression
- ☐ Feeling overwhelmed, helpless or hopeless
- ☐ Feeling isolated, lost, lonely or abandoned
- ☐ Feeling misunderstood or unappreciated

7. Rank the usual causes of stress in your life in terms of the degree of influence.

- _____ Studies issues
- _____ Financial issues
- _____ Family issues
- _____ Friends issues
- _____ Health Related Issues
- _____ Sports / Athletics activities issues
- _____ Involvement in clubs and organizations
- _____ Other: _____

8. What are your personal methods to relieve stress? (Select all that apply)

- ☐ Eating
- ☐ Sleeping
- ☐ Drinking
- ☐ Drugs
- ☐ Sports / Exercise
- ☐ Talking with someone
- ☐ Shopping
- ☐ Computer Games
- ☐ Social Media
- ☐ None of the Above
- ☐ Others: _____

9. How effective are the followings stress busters?

Not effective at all



Very effective

	1	2	3	4	5	6	7	8	9
Eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sports / Exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computer Games	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Others:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. If you have any suggestion for School Health Club, please write it on the box below.

Thank you for your cooperation!