

## MEDICAL SYMPTOMS RELATED TO STRESS

Studies indicate that between 75-90% of the medical symptoms that people describe to their family practice physicians are due either to self-limiting conditions (colds, flu, other infections) or to stress. Stress can create medical symptoms directly—headaches, palpitations, body pains, fatigue, rashes and high blood pressure, to name a few—and can also make symptoms due to other causes worse. Learning to reduce your stress can impact dramatically on how you feel and on the quality of your life. In fact, reducing your stress can mean the difference between feeling fully alive and functioning at your peak, versus feeling ill and functionally compromised.

The following medical symptom checklist was created by my colleagues Jane Leserman, Ph.D. and Claudia Dorrington when I was director of the Mind/Body Clinic at what was then Boston's Beth Israel Hospital, and is now the Beth Israel/Deaconess Medical Center. We asked our patients—most of whom came to us with symptoms either caused by or made worse by stress—for letters of referral from their physicians so that we could be sure that their medical symptoms had been properly assessed and treated insofar as possible. *For that reason, it is important for you to make sure that any physical or mental symptoms that you might be experiencing have been properly evaluated before trying any self-help approaches.* Then you can rest assured that no helpful medical treatment has been overlooked.

That said, researchers in the field of wisdom rate self-reflection as the most important kind of wisdom. If you don't know where you are, it's hard to tell which way you're going. For that reason, continuing self-reflection is a cornerstone of stress management, and integral to minding the body, and mending the mind. (By the way, you can get information on how to manage your stress in my book *Minding the Body, Mending the Mind* which is based on the program I developed at a Harvard Medical School teaching hospital. As you fill out the following medical and psychological symptoms checklists, hopefully you'll learn some valuable things about yourself. Should you feel that you need help, based on completing these questionnaires, *make sure to seek professional assistance. My office does not provide such assistance, nor do we make referrals.* And clearly, no book or questionnaire can determine your symptoms or provide treatment. At best they are rough guides.

The first questionnaire asks about physical symptoms you may experience, their frequency, intensity, and to what degree they interfere with your life. In many cases a physical symptom may not disappear when you learn stress management techniques such as meditation (see the article on this website, *How to Meditate*), but it may become less frequent or bothersome.

The second questionnaire asks about thoughts, emotions, and behaviors that can distress people. Your score will reflect how you currently feel, but only you know if those feelings are typical of you and not your reaction to some stressful event that is happening now and may change shortly. It is best to fill out these questionnaires at a time that you feel is "typical" of your life so that they can be used to their best advantage. Wait a while if you are undergoing an unusually stressful period.

After you have practiced the stress reduction techniques on this site, or even better, those in *Minding the Body, Mending the Mind*, fill out the assessments a second time to track any changes. Filling out the assessments periodically, every few months, is an excellent way to keep track of how you're feeling physically and emotionally.

## MEDICAL SYMPTOMS CHECKLIST

Please read the following instructions carefully. What follows is a list of medical symptoms that people sometimes have.

### FREQUENCY

Please indicate:

How frequently you have the symptom, *if at all*. Circle a number on a scale of 0 to 7.

0 = Never or almost never

1 = Less than once a month

2 = Once to twice a month

3 = About once a week

4 = 2 to 3 times a week

5 = 4 to 6 times a week

6 = Once a day

7 = More than once a day

1. Headache	0	1	2	3	4	5	6	7
2. Visual symptoms (blurred or double vision)	0	1	2	3	4	5	6	7
3. Dizziness or feeling faint	0	1	2	3	4	5	6	7
4. Numbness	0	1	2	3	4	5	6	7
5. Ringing in the ears	0	1	2	3	4	5	6	7
6. Nausea	0	1	2	3	4	5	6	7
7. Vomiting	0	1	2	3	4	5	6	7
8. Constipation	0	1	2	3	4	5	6	7
9. Loose stools	0	1	2	3	4	5	6	7
10. Discomfort with urination (pressure, burning)	0	1	2	3	4	5	6	7
11. Abdominal or stomach discomfort like pressure, burning, or cramping not related to menstruation	0	1	2	3	4	5	6	7
12. Aching muscles	0	1	2	3	4	5	6	7
13. Aching joints	0	1	2	3	4	5	6	7
14. Aching back	0	1	2	3	4	5	6	7
15. Discomfort in limb(s) (burning, aching)	0	1	2	3	4	5	6	7
16. Chest pain (burning, pressure, tightness)	0	1	2	3	4	5	6	7
17. Palpitations	0	1	2	3	4	5	6	7
18. Excessive sweating	0	1	2	3	4	5	6	7
19. Shortness of breath	0	1	2	3	4	5	6	7
20. Coughing	0	1	2	3	4	5	6	7
21. Wheezing	0	1	2	3	4	5	6	7
22. Skin problems (rash, itching)	0	1	2	3	4	5	6	7
23. Teeth grinding	0	1	2	3	4	5	6	7
24. Sleeping difficulties	0	1	2	3	4	5	6	7
25. Fatigue	0	1	2	3	4	5	6	7
26. Other: (Fill in)	0	1	2	3	4	5	6	7
_____	0	1	2	3	4	5	6	7
_____	0	1	2	3	4	5	6	7
_____	0	1	2	3	4	5	6	7

**WOMEN ONLY**

1. Vaginal infection or irritation	0	1	2	3	4	5	6	7
2. Menstrual irregularities	0	1	2	3	4	5	6	7
3. Menstrual pain	0	1	2	3	4	5	6	7
4. Premenstrual tension	0	1	2	3	4	5	6	7
5. Premenstrual pain	0	1	2	3	4	5	6	7

**DEGREE OF DISCOMFORT**

Please indicate:

The degree of discomfort caused by each symptom you have. Select a number on a scale of 0 to 10, where 0 means no discomfort and 10 denotes severe pain.

1. Headache -----
2. Visual symptoms -----  
(blurred or double vision)
3. Dizziness or feeling faint -----
4. Numbness -----
5. Ringing in the ears -----
6. Nausea -----
7. Vomiting -----
8. Constipation -----
9. Loose stools -----
10. Discomfort with urination -----  
(pressure, burning)
11. Abdominal or stomach discomfort -----  
(pressure, burning, cramping not related to menstruation)
12. Aching muscles -----
13. Aching joints -----
14. Aching back -----
15. Discomfort in limb(s) -----  
(burning, aching)
16. Chest pain -----  
(burning, pressure, tightness)
17. Palpitations -----
18. Excessive sweating -----
19. Shortness of breath -----
20. Coughing -----
21. Wheezing -----
22. Skin problems -----  
(rash, itching)
23. Teeth grinding -----
24. Sleeping difficulties -----
25. Fatigue -----
26. Other: (Fill in) -----  
\_\_\_\_\_ -----

**WOMEN ONLY**

1. Vaginal infection or irritation -----
2. Menstrual irregularities -----
3. Menstrual pain -----

- 4. Premenstrual tension -----
- 5. Premenstrual pain -----

**DEGREE OF INTERFERENCE**

Please indicate:

The degree of interference caused by each symptom you have, that is, how much it interferes with your daily activities. Select a number on a scale of 0 to 10, where 0 means no interference and 10 denotes severe interference.

- 1. Headache -----
- 2. Visual symptoms -----  
(blurred or double vision) -----
- 3. Dizziness or feeling faint -----
- 4. Numbness -----
- 5. Ringing in the ears -----
- 6. Nausea -----
- 7. Vomiting -----
- 8. Constipation -----
- 9. Loose stools -----
- 10. Discomfort with urination -----  
(pressure, burning)
- 11. Abdominal or stomach discomfort -----  
(pressure, burning, cramping not related to menstruation)
- 12. Aching muscles -----
- 13. Aching joints -----
- 14. Aching back -----
- 15. Discomfort in limb(s) -----  
(burning, aching)
- 16. Chest pain -----  
(burning, pressure, tightness)
- 17. Palpitations -----
- 18. Excessive sweating -----
- 19. Shortness of breath -----
- 20. Coughing -----
- 21. Wheezing -----
- 22. Skin problems -----  
(rash, itching)
- 23. Teeth grinding -----
- 24. Sleeping difficulties -----
- 25. Fatigue -----
- 26. Other: (Fill in) -----  
\_\_\_\_\_ -----

**WOMEN ONLY**

- 1. Vaginal infection or irritation -----
- 2. Menstrual irregularities -----
- 3. Menstrual pain -----
- 4. Premenstrual tension -----
- 5. Premenstrual pain -----

There is a big difference between having a symptom that interferes with your life and one that you can live with. In reviewing what symptoms bother you the most, pay close attention to interference. When you take the test again later, compare each symptom that you have reported on all dimensions—frequency, severity, and degree of interference with your life. *When in doubt, always consult a physician.*

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