

# Teens Tweakers

## SURVEY ON STRESS AND DEPRESSION IN TEENS



Name:- \_\_\_\_\_

Class & Section:- \_\_\_\_\_

Age:- \_\_\_\_\_

**Q1. Following are some Stress Symptoms, Tick the most appropriate for every point.**

	Never	Sometime	Most often	Always
I start crying without any reason:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I criticize myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel sad and miserable:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I face headaches, muscle aches, stomachaches or tiredness:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel hungry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel frustrated, irritated and angered:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't enjoy the things I used to:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's hard for me to get sound sleep:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel energetic:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel difficult to concentrate and gets distracted from my work:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q2. "It's Hard to be a Teen", you \_\_\_\_\_ with this statement.**

- Strongly Agree       Agree       Disagree       Strongly Disagree

**Q3. Have you ever faced heavy DEPRESSION?**

- Yes       No

*-If yes, would you like to share a little bit about that incident to us?*

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**Q4. What causes stress in you from the following:- (You can choose more than 1)**

- Abuse or conflict at home
- Decrease in academic performance
- Frequent health problems
- Peer pressure
- Poor social skills
- Stressful life events, particularly break-up, loss of a parent to death or divorce
- The death of a friend or relative
- Unstable care giving by parents

*-Any other? Please specify*

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**Q5. How often you get stressed? (Please take best guess)**

- Frequently/Daily       Weekly       Monthly       Yearly       Almost Never

**Q6. Is there any problem you are facing today related to stress and depression or any question in your mind? Feel free to tell us, we will help you tackling the problem through our experts in our project entry profile.**

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**Q7. Do you generally receive any kind of pressure from your parents/guardians regarding your academics?**

- Yes  No

*-If yes then, was the pressure resulted in a heavy depression in you?*

- Yes  No

**Q8. A) Have you ever felt like committing suicide?**

- Yes  No

*-If yes, then would you like to share a little bit about that incident?*

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**Q9. Stress and Depression both have almost same means:**

- True  False

**Q10. What things you will prefer most from the following to overcome/fight from a mental stress? (You can choose more than 1)**

- Listen songs
- Playing games/play station
- Share your feelings with a closed one so as to feel better
- Like to receive counseling from an expert
- Your solution depends on the type of situation
- Don't want to do anything & leave it to the passing time
- Walking alone
- Watching a movie/Watch a comedy on TV
- Reading books/comics or anything
- To have a sound sleep
- Go shopping
- Play with pets
- Participating in social activities

***Any other? Please specify***

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**Q11. In order to reduce stress and depression from a teen's life what will you suggest/advise? (Optional)**

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