

## Coping Ability

Name \_\_\_\_\_ Date \_\_\_\_\_

Please tick either YES or NO

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Do you have supportive friends and family?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Do you have a hobby?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Do you belong to a social or activity group?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Do you practice an active relaxation technique (yoga, meditation, imagery, autogenic, autogenic training, etc) on a daily basis? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Do you exercise for at least 20 minutes three times a week?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Do you do something 'just for yourself' each week that you really enjoy?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Do you have somewhere that you can go in order to be alone?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Have you attended a stress management, relaxation, time management or assertiveness training course?                             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Do you show type B behaviour?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Do you smoke?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Do you drink alcohol to relax?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Do you take sleeping pills?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. Do you take work home?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. Do you drink more than 8 cups of caffeinated drinks (coffee, tea, coke, chocolate) each day?                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. Do you show type A behaviour?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

### Coping ability

Items 1 – 9 can help you to deal with pressures and demands when practiced regularly. If you answered yes to items 10 to 15 then you may be using these strategies to deal with pressures and demands but in the long run they could be a threat to your health.

#### Good coping strategies (Items 1-9)

#### Poor coping strategies (Items 10-15)

_____	_____
_____	_____
_____	_____
_____	_____

Your coping ability score			
Question	Answer	Score	Total points
1.	Yes	Score 20	
2.	Yes	Score 10	
3.	Yes	Score 5 (if you attend more than once a month)	
4.	Yes	Score 15	
5.	Yes	Score 10	
6.	Yes	Score 10	
7.	Yes	Score 10	
8.	Yes	Score 10 for each course attended	
9.	Yes	Score 15	
<b>Score for good coping strategies</b>			

Question	Answer	Score	Total points
10.	Yes	Subtract 10 points for each pack of 20 cigarettes smoked each day	
11.	Yes	Subtract 10 points for every 8 units drunk each week above the recommended limits	
12.	Yes	Subtract 10	
13.	Yes	Subtract 5 points for each night of the week that you take work home	
14.	Yes	Subtract 5 points for every 5 cups over 8 cups per day	
15.	Yes	Check your Type A behaviour assessment, subtract 5 points if you scored between 40 and 60; 10 points if you scored 60 to 70 and 15 points if you scored over 70.	
<b>Score for poor coping strategies</b>			

Your total score	
Subtract your score for poor coping strategies from your score for good coping strategies	

Evaluation
A positive score indicates that you have a good coping ability – the higher your score the better your ability to deal with the pressures and demands you face.
A negative score indicates you have poor coping ability – the lower your score the lower your ability to deal with the pressures and demands you face.