

Self-Assessment of Stressors

I. Make a list of your current stressors. Briefly describe each stressor in a couple of sentences so that you have a good focus on what each one is. If you have fewer than ten, fine. No need to come up with more than you really have.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

II. Next, from the list you have just made, reorganize it into acute (intense and short-term) stressors and chronic (not as intense and prolonged) stressors:

Acute (lasting hours)

- 1.
- 2.
- 3.
- 4.
- 5.

Chronic (lasting days, weeks, or months)

- 1.
- 2.
- 3.
- 4.
- 5.

III. Now, check the box next to the stress signs that you experience in association with the different stressors you listed on the previous page. There are blank boxes to write in additional signs you may experience but are not listed:

Stress Warning Signs	
Physical Symptoms	
<input type="checkbox"/> Headaches	<input type="checkbox"/> Back pain
<input type="checkbox"/> Indigestion	<input type="checkbox"/> Tight neck and/or shoulders
<input type="checkbox"/> Stomachaches	<input type="checkbox"/> Racing heart
<input type="checkbox"/> Sleep difficulties	<input type="checkbox"/> Tiredness
<input type="checkbox"/> Dizziness	<input type="checkbox"/> Ringing in ears
<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Symptoms	
<input type="checkbox"/> Excess smoking	<input type="checkbox"/> Grinding of teeth at night
<input type="checkbox"/> Bossiness	<input type="checkbox"/> Overuse of alcohol
<input type="checkbox"/> Compulsive gum chewing	<input type="checkbox"/> Compulsive eating
<input type="checkbox"/> Attitude critical of others	<input type="checkbox"/> Inability to get things done
<input type="checkbox"/>	<input type="checkbox"/>
Emotional Symptoms	
<input type="checkbox"/> Crying	<input type="checkbox"/> Overwhelming sense of pressure
<input type="checkbox"/> Nervousness, anxiety	<input type="checkbox"/> Anger
<input type="checkbox"/> Boredom–no meaning to things	<input type="checkbox"/> Loneliness
<input type="checkbox"/> Edginess–ready to explode	<input type="checkbox"/> Unhappiness for no reason
<input type="checkbox"/> Feeling powerless to change things	<input type="checkbox"/> Easily upset
<input type="checkbox"/>	<input type="checkbox"/>
Cognitive Symptoms	
<input type="checkbox"/> Trouble thinking clearly	<input type="checkbox"/> Inability to make decisions
<input type="checkbox"/> Forgetfulness	<input type="checkbox"/> Thoughts of running away
<input type="checkbox"/> Lack of creativity	<input type="checkbox"/> Constant worry
<input type="checkbox"/> Memory loss	<input type="checkbox"/> Loss of sense of humor
<input type="checkbox"/>	<input type="checkbox"/>