

# Stress Awareness & Stressor Identification Worksheet

## Part 1: Daily Stress Self-Check

For each statement, circle YES or NO.

1. Are you easily startled or irritated? (Yes/No)
2. Are you increasingly forgetful or distracted? (Yes/No)
3. Do you have trouble falling or staying asleep? (Yes/No)
4. Do you often worry about things you can't control? (Yes/No)
5. Do you feel constant pressure to keep up or perform? (Yes/No)
6. Do you rely on caffeine, alcohol, or other substances to cope or relax? (Yes/No)
7. Do you often feel exhausted-even when you've had rest? (Yes/No)
8. Do you experience frequent stomachaches, headaches, or muscle tension? (Yes/No)
9. Is it hard to find joy in things that used to make you happy? (Yes/No)
10. Are you often disappointed in yourself or others? (Yes/No)
11. Are you overly concerned with being liked or accepted? (Yes/No)
12. Have you lost interest in intimacy, connection, or sex? (Yes/No)
13. Are you anxious about not having enough money or time? (Yes/No)

## Part 2: Stress Symptom Inventory

### Physical Symptoms

- Dry mouth
- Excessive sweating
- Frequent colds or illness
- Upset stomach or digestive issues
- Grinding teeth or jaw tension
- Headaches or migraines
- High blood pressure
- Rapid heartbeat
- Muscle tightness or back/neck pain

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## Emotional Symptoms

- Anger or frustration
- Anxiety or nervousness
- Mood swings or irritability
- Fatigue or burnout
- Trouble concentrating
- Feeling low or numb
- Restlessness or hypervigilance
- Difficulty remembering things
- A sense of 'emotional flatness'

## Behavioral Symptoms

- Crying more than usual
- Changes in eating habits
- Disrupted sleep
- Withdrawing from others
- Increased use of caffeine, sugar, alcohol, or substances
- Conflict or difficulty communicating
- Avoiding responsibilities or procrastinating

## Part 3: Identifying Key Stressors

1. What areas of your life feel most demanding right now?

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2. What specific situations trigger the most tension?

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3. What stressors are within your control?

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# **Stress Awareness & Stressor Identification Worksheet**

4. What stressors are outside your control?

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Note: Return to this worksheet monthly to check in with yourself.