

What Are Your Stress Symptoms?

Instructions: Check those symptoms and behaviors you typically experience, either before or after a stressful situation.

Physical Stress Symptoms

- | | | |
|--|--|---|
| <input type="checkbox"/> Fast heart beats | <input type="checkbox"/> Shallow breathing | <input type="checkbox"/> Tense shoulders/back |
| <input type="checkbox"/> Muscle twitching | <input type="checkbox"/> Heartburn | <input type="checkbox"/> Bowel problems |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Tearing eyes |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Perspiring | <input type="checkbox"/> Feeling flushed |
| <input type="checkbox"/> Dry mouth | <input type="checkbox"/> Headaches | <input type="checkbox"/> Backaches |
| <input type="checkbox"/> Jaw pain | <input type="checkbox"/> Skin problems | <input type="checkbox"/> Hives |
| <input type="checkbox"/> Excessive appetite | <input type="checkbox"/> Loss of appetite | |
| <input type="checkbox"/> OTHER _____ | | |

Stress Emotions

- | | | |
|--------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Sad | <input type="checkbox"/> Lonely | <input type="checkbox"/> Angry |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Disgust | <input type="checkbox"/> Contempt |
| <input type="checkbox"/> Manic | <input type="checkbox"/> Energized | <input type="checkbox"/> Fearful |
| <input type="checkbox"/> Discouraged | <input type="checkbox"/> Helpless | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Paralyzed | <input type="checkbox"/> Scattered | <input type="checkbox"/> Numb |
| <input type="checkbox"/> OTHER _____ | | |

Stress Thinking

- | | | |
|---|---|--|
| <input type="checkbox"/> Worrying | <input type="checkbox"/> Worst-Case Thinking | <input type="checkbox"/> Personalizing Blame |
| <input type="checkbox"/> All-or-Nothing | <input type="checkbox"/> Selectively Perceive Negatives | <input type="checkbox"/> Difficulty Focusing |
| <input type="checkbox"/> Difficulty Concentrating | <input type="checkbox"/> Obsessive Rumination | <input type="checkbox"/> Angry Thoughts |
| <input type="checkbox"/> Thoughts of Persecution | <input type="checkbox"/> Self-Pitying Thoughts | <input type="checkbox"/> Blaming Others |
| <input type="checkbox"/> OTHER _____ | | |

Stress Behaviors

- | | | |
|---|---|---|
| <input type="checkbox"/> Rushing | <input type="checkbox"/> Overworking | <input type="checkbox"/> Driving Aggressively |
| <input type="checkbox"/> Slowing Down | <input type="checkbox"/> Smoking | <input type="checkbox"/> Alcohol Overuse |
| <input type="checkbox"/> Use of Illegal Drugs | <input type="checkbox"/> Overeat | <input type="checkbox"/> Under-eat |
| <input type="checkbox"/> Excessive Sleeping | <input type="checkbox"/> Lose Sleep | <input type="checkbox"/> Excessive Exercise |
| <input type="checkbox"/> Become Sedentary | <input type="checkbox"/> Excessive Escapism | <input type="checkbox"/> Procrastination |
| <input type="checkbox"/> OTHER _____ | | |

Interpersonal Behaviors

- | | | |
|---|---|---|
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Controlling | <input type="checkbox"/> Competitive |
| <input type="checkbox"/> Defensive | <input type="checkbox"/> Sarcastic | <input type="checkbox"/> Act Bored |
| <input type="checkbox"/> Uncooperative | <input type="checkbox"/> Passive/Aggressive | <input type="checkbox"/> Overly Sensitive |
| <input type="checkbox"/> Unaffectionate | <input type="checkbox"/> Needy | <input type="checkbox"/> Unassertive; Passive |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Brusque | <input type="checkbox"/> Hurried |
| <input type="checkbox"/> OTHER _____ | | |