Name	e	Section	Date
B	WELLNESS WOI	RKSHEET 10	
	WELLNESS WOI Identify Your Stress Leve	el and Your Key Stre	ssors
		easy to self-diagnose. To h	elp determine how much stress you experience
How r	many of the symptoms of excess	s stress in the list below do	you experience frequently?
Yes	No		
	1. Are you easily startl	ed or irritated?	
	2. Are you increasingly	forgetful?	
	3. Do you have trouble	falling or staying sleep?	
	4. Do you continually	worry about events in you	r future?
	5. Do you feel as if you	u are constantly under pre	ssure to produce?
	6. Do you frequently u	se tobacco, alcohol, or oth	ner drugs to help you relax?
	7. Do you often feel as	if you have less energy th	nan you need to finish the day?
	8. Do you have recurre	nt stomachaches or heada	ches?
	9. Is it difficult for you	to find satisfaction in sim	aple life pleasures?
	10. Are you often disapp	pointed in yourself and otl	ners?
	11. Are you overly conc	erned with being liked or	accepted by others?
	12. Have you lost intere	st in intimacy or sex?	
	13. Are you concerned t	hat you do not have enoug	gh money?
if you you ar niques	experience a large number of stree likely experiencing a high leves. Many coping strategies that ca	cress symptoms or you and el of stress. Take time out an aid you in dealing with	g "yes" to a few questions is normal. However, swered "yes" to a majority of the questions, to develop effective stress-management techyour college stressors are described in enter can provide valuable support.
Symp	toms of Excess Stress		
] ] ]	Physical Symptoms Dry mouth Excessive perspiration Frequent illnesses	Emotional Symptom Anger Anxiety or edginess Depression	Behavioral Symptoms Crying Disrupted eating habits Disrupted sleeping habits Hareh treatment of others

Physical Symptoms	Emotional Symptoms	Behavioral Symptoms
Dry mouth	Anger	Crying
Excessive perspiration	Anxiety or edginess	Disrupted eating habits
Frequent illnesses	Depression	Disrupted sleeping habits
Gastrointestinal problems	Fatigue	Harsh treatment of others
Grinding of teeth	Hypervigilance	Increased use of tobacco,
Headaches	Impulsiveness	alcohol, or other drugs
High blood pressure	Inability to concentrate	Problems communicating
Pounding heart	Irritability	Sexual problems
Stiff neck or aching lower back	Trouble remembering things	Social isolation

## Weekly Stress Log

Now that you are familiar with the signals of stress, complete the weekly stress log on the next page to map patterns in your stress levels and identify sources of stress. Enter a score for each hour of each day according to the ratings listed below the log.

(over)

	A.M.						P.M.													
	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	Average
Monday																				
Tuesday																				
Wednesday																				
Thursday																				
Friday																				
Saturday																				
Sunday																				
Average																				

## **Ratings**

- 1 = No anxiety; general feeling of well-being
- 2 = Mild anxiety; no interference with activity
- 3 = Moderate anxiety; specific signal(s) of stress present
- 4 = High anxiety; interference with activity
- 5 = Very high anxiety and panic reactions; general inability to engage in activity

To identify daily or weekly patterns in your stress level, average your stress rating for each hour and each day. For example, if your scores for 6:00 A.M. are 3, 3, 4, 3, and 4, with blanks for Saturday and Sunday, your 6:00 A.M. rating would be  $17 \div 5$ , or 3.4 (moderate to high anxiety). Finally, calculate an average weekly stress score by averaging your daily average stress scores. Your weekly average will give you a sense of your overall level of stress.

## **Identifying Sources of Stress**

External stressors: List several people, places, or events that caused you a significant amount of discomfort
this week:
Internal stressors: List any recurring thoughts or worries that produced feelings of discomfort this week: