

## SIGNS OF STRESS

Name \_\_\_\_\_

Date \_\_\_\_\_

**DIRECTIONS:** Look at the following symptoms of stress. Place a checkmark in the column marked “R” if you experience this symptom rarely. Place a checkmark in the column marked “O” if you experience it often.

R    O

		1. Headaches
		2. Stomach problems - diarrhea, constipation, nausea, heartburn, urinating often
		3. High blood pressure or heart pounding
		4. Pain in neck, lower back, shoulders, jaw
		5. Muscle jerks or tics
		6. Eating problems - no appetite, constant eating, full feeling without eating
		7. Sleeping problems - unable to fall asleep, wakeful in middle of night, nightmares
		8. Fainting
		9. General feeling of tiredness
		10. Shortness of breath
		11. Dry throat or mouth
		12. Unable to sit still - extra energy
		13. Teeth grinding
		14. Stuttering
		15. Uncontrollable crying or not being able to cry
		16. Smoking
		17. Excessive alcohol use
		18. Excessive drug use
		19. Increased use of medication - aspirin, tranquilizers, etc.
		20. General anxiety, nervous feeling, or tenseness
		21. Dizziness and weakness
		22. Irritable and easily upset
		23. Depressed