Are You Stressed?

I am most likely to get stressed by... (√ and be specific)

___Academics __________________________________________
___Family________________________________________________
___Friends______________________________________________
___Other Relationships____________________________________
___Clubs/Activities_______________________________________
___Work_________________________________________________
___Internship____________________________________________
___Finances_____________________________________________
___Health_______________________________________________
___Thinking about the future________________________________
___Other________________________________________________

I know I’m feeling stressed when I ... (√)

___Cry more than usual
___Can’t sleep
___Eat more than usual
___Am irritable
___Increase use of alcohol/drugs
___Experience physical symptoms
___Have difficulty concentrating/focusing
___Sleep more than usual
___Don’t feel like eating
___Fidgety, on the move all the time
___Feel overly sensitive
___Don’t feel like doing anything
___Increase use of social media
___Experience more worry or anxiety
___Feel depressed, sad
___Other________________________________________________
When I see these symptoms, I will... (√ and be specific)

___ Go for a walk to___________________________ for ___ mins.

___ Read a good book:___________________________ for ___ mins.

___ Go shopping at____________________________ for ___ mins.

___ Exercise____________________________________ for ___ mins.

___ Listen to music___________________________________________

___ Watch TV or a movie____________________________ for ___ mins.

___ Take a nap________________________________________ for ___ mins.

___ Use relaxation techniques/yoga________________________

___ Take some time for myself by________________________

___ Go to my favorite place________________________

___ Talk to friends and/or family members____________________

___ Seek extra support (e.g., therapist/advisor/professor)________

___ Say “No” to_____________________________________

___ Confront the situation by__________________________

___ Limit certain behaviors____________________________

___ Pay attention to my nutrition by_____________________

___ Take a shower_____________________________________

___ Journal________________________________________

___ Change negative self-talk by_________________________

___ Prioritize my responsibilities  #1_________________________

              #2_________________________________________

              #3_________________________________________

___ Other________________________________________