

## ACTION STEPS

If you found you are experiencing a number of stress indicators and utilizing few stress management strategies you are likely experiencing a high level of stress in your life. Here are a few action steps you can take to address and reduce your stress:

- ✓ Schedule an appointment with your primary care provider for a check-up.
- ✓ Follow your health care provider's advice regarding diet, exercise, etc.
- ✓ Enlist a friend or family member for support and encouragement.
- ✓ Apply the stress management strategies appearing on the list in this pamphlet.
- ✓ Develop an action plan for addressing sources of stress and conflict.
- ✓ Regularly use this assessment to monitor how you are doing and make changes as needed.

## KEEP IN MIND

You're not alone, and help is available. Consider reaching out to your health care provider and engaging other counseling resources for guidance on next steps.

***What steps will you take today to be well and live life more fully?***



Stress Self-Assessment  
Health & Wellness

# Stress Self-Assessment

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WELL-BEING BEGINS HERE

How **STRESSED** are you?  
Find out and start feeling  
better today.

*Imagine for a moment how much more enjoyable  
and productive life might be in the absence of  
such overwhelming stress.*

Stress is seemingly unavoidable these days. Technology enables us to work almost anywhere at any time. Balancing responsibilities with work and family in a healthy way is more challenging than ever.

### EVALUATE YOUR STRESS INDICATORS

The following examples represent a sample of the common physical, emotional and behavioral stress reactions. Fill in Y or N to indicate whether or not you are experiencing these reactions.

- Y  N Back pain, headaches, nausea, jaw or fist clenching, muscle tension, etc.
- Y  N Difficulty with short-term memory, reduced attention span, or distractibility
- Y  N Other symptoms including frequent colds, nausea, dizziness, reduced sex drive, etc.
- Y  N Feeling short-tempered; arguing with coworkers or loved ones
- Y  N Frequent worrying, or fearing the worst possible outcomes in situations you're facing
- Y  N Smoking, drinking excessively, abusing prescription drugs or other drugs
- Y  N Beginning or increasing behaviors such as gambling or use of internet pornography
- Y  N Overeating, skipping meals, or regular snacking on non-nutritional foods
- Y  N Difficulty falling asleep and/or staying asleep, and getting out of bed in morning

### EVALUATE YOUR STRESS MANAGEMENT STRATEGIES

The following examples represent stress-reducing practices. Fill in Y or N to indicate whether or not you are practicing these healthy stress-management strategies.

- Y  N Being closely connected with family and friends who provide support and encouragement
- Y  N Regularly engaging in healthy, stress relieving activities like sports and vigorous exercise
- Y  N Regularly engaging in enjoyable activities such as listening to music, dancing, or hobbies
- Y  N Centering thoughts through practicing mindfulness, meditation or worship
- Y  N Getting good sleep; sleeping 7-9 hours each night, waking up feeling rested
- Y  N Managing responsibilities and workload by saying no to overly demanding expectations
- Y  N Staying organized by periodically reducing clutter and focusing on what's important
- Y  N Regularly eating well-balanced meals and limiting use of caffeine and alcohol
- Y  N Maintaining yearly check-ups with health care providers to assess health