

## 2. Identify Consequences and/or Signs and Symptoms of Stress

### STRESS SYMPTOMS CHECKLIST

Indicate the degree each of the following symptoms have occurred in your life the past month, using the following scale:  
0 = Not at All 1 = a Little 2 = Moderately 3 = Quite a Bit 4 = Extremely

#### PHYSICAL

1. \_\_\_\_\_ Headaches
2. \_\_\_\_\_ Fatigue, tiredness
3. \_\_\_\_\_ Sore or tense muscles
4. \_\_\_\_\_ Stomach distress
5. \_\_\_\_\_ Rapid heart beat
6. \_\_\_\_\_ Cold hands and feet
7. \_\_\_\_\_ Increased sweating
8. \_\_\_\_\_ Nervousness, restlessness
9. \_\_\_\_\_ Body aches and pain
10. \_\_\_\_\_ Diarrhea or constipation
11. \_\_\_\_\_ Rashes, acne, allergies

#### EMOTIONAL

12. \_\_\_\_\_ Anger, resentment
13. \_\_\_\_\_ Despair, depression
14. \_\_\_\_\_ Feeling scared, fearful
15. \_\_\_\_\_ Irritability
16. \_\_\_\_\_ Feeling tense and keyed up
17. \_\_\_\_\_ Frustration
18. \_\_\_\_\_ Panicky feelings
19. \_\_\_\_\_ Shaking, trembling
20. \_\_\_\_\_ Feeling overwhelmed, helplessness
21. \_\_\_\_\_ Hopelessness about the future
22. \_\_\_\_\_ Feeling trapped

#### MENTAL

23. \_\_\_\_\_ Trouble concentrating
24. \_\_\_\_\_ Racing thoughts
25. \_\_\_\_\_ Difficulty making decisions
26. \_\_\_\_\_ Trouble remembering things
27. \_\_\_\_\_ Confusion of thought
28. \_\_\_\_\_ Dwelling in stressful problems
29. \_\_\_\_\_ Negative thoughts about self
30. \_\_\_\_\_ Wandering thoughts, daydreaming

#### BEHAVIORAL

31. \_\_\_\_\_ Wasting time
32. \_\_\_\_\_ Withdrawal, increased quietness
33. \_\_\_\_\_ Jumping from one activity to another
34. \_\_\_\_\_ Impatience, temper outbursts
35. \_\_\_\_\_ Crying
36. \_\_\_\_\_ Increased or decreased eating
37. \_\_\_\_\_ Increased or decreased sleeping
38. \_\_\_\_\_ Escaping, running away for awhile
39. \_\_\_\_\_ Doing insignificant things, avoiding important tasks

\_\_\_\_\_ **TOTAL**