

# Daily Stress Check List

Date: \_\_\_\_\_

Mood: \_\_\_\_\_

## Instructions:

At days end, check each box that has applied during your day. The total number of boxes checked is your *Daily Stress Score*. If you check more than 12 boxes consistently, contact the Bresler Center staff for an effective stress management program that can really help.

Physical Symptoms	Mental Processes	Behaviors	Feelings
<input type="checkbox"/> Pounding heart	<input type="checkbox"/> Mind racing or going blank	<input type="checkbox"/> Becoming withdrawn from current activities	<input type="checkbox"/> Irritable
<input type="checkbox"/> Elevated blood pressure	<input type="checkbox"/> Not being able to 'switch off'	<input type="checkbox"/> Not wanting to socialize with others	<input type="checkbox"/> Angry
<input type="checkbox"/> Sweaty palms	<input type="checkbox"/> Lack of attention to detail	<input type="checkbox"/> Under eating	<input type="checkbox"/> Depressed
<input type="checkbox"/> Tightness of chest	<input type="checkbox"/> Self confidence plummeting	<input type="checkbox"/> Over eating	<input type="checkbox"/> Jealous
<input type="checkbox"/> Aching neck, jaw and back muscles	<input type="checkbox"/> Disorganized thoughts	<input type="checkbox"/> Dropping things or being careless	<input type="checkbox"/> Restless
<input type="checkbox"/> Headache	<input type="checkbox"/> Diminished sense of meaning in life	<input type="checkbox"/> Becoming accident prone	<input type="checkbox"/> Anxious
<input type="checkbox"/> Chest pains	<input type="checkbox"/> Lack of control or too much control	<input type="checkbox"/> Becoming impatient	<input type="checkbox"/> Hypervigilant
<input type="checkbox"/> Abdominal cramps	<input type="checkbox"/> Negative self statements	<input type="checkbox"/> Becoming aggressive	<input type="checkbox"/> Unnecessarily guilty
<input type="checkbox"/> Nausea	<input type="checkbox"/> Difficulty making decisions	<input type="checkbox"/> Becoming compulsive	<input type="checkbox"/> Panic attacks
<input type="checkbox"/> Trembling	<input type="checkbox"/> Loss of perspective	<input type="checkbox"/> Not taking breaks	<input type="checkbox"/> Mood swings
<input type="checkbox"/> Sleep disturbance	<input type="checkbox"/> Forgetfulness	<input type="checkbox"/> Taking work home	<input type="checkbox"/> Cries easily
<input type="checkbox"/> Itching	<input type="checkbox"/> Easily startled	<input type="checkbox"/> Procrastinating on important projects	<input type="checkbox"/> Tiredness
<input type="checkbox"/> Susceptibility to minor illness		<input type="checkbox"/> Managing time poorly	
		<b>Total Score:</b>	