

STRESS MANAGEMENT: Symptom Checklist

Stress is an everyday fact of life. Everyone experiences it. Some degree of stress is a necessary part of life. When you have too much stress or it lasts too long, however, stress can be harmful to your health.

The following are signs and symptoms of stress.

Physical	Emotional (Thoughts and Feelings)	Behaviors
<ul style="list-style-type: none"> <input type="checkbox"/> Chest Pain <input type="checkbox"/> Clenched Jaw <input type="checkbox"/> Cold, Sweaty Palms <input type="checkbox"/> Constipation/ Diarrhea <input type="checkbox"/> Dry Mouth <input type="checkbox"/> Dry or Itchy Skin/ Skin Rash <input type="checkbox"/> Fatigue <input type="checkbox"/> Frequent Illness <input type="checkbox"/> Frequent Urination <input type="checkbox"/> Grinding of Teeth <input type="checkbox"/> Headache <input type="checkbox"/> Impaired Sexual Function <input type="checkbox"/> Increased Perspiration <input type="checkbox"/> Indigestion/ Heartburn <input type="checkbox"/> Insomnia (Difficulty falling asleep, frequent waking, early morning waking) <input type="checkbox"/> Muscle Spasms <input type="checkbox"/> Nausea <input type="checkbox"/> Racing or Pounding Heart <input type="checkbox"/> Rise in Blood Pressure or High Blood Pressure <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Stomach Cramps or Pains <input type="checkbox"/> Tightness in Chest or Throat <input type="checkbox"/> Trembling/ Shakiness <input type="checkbox"/> Weight Change (Increase or Decrease) 	<ul style="list-style-type: none"> <input type="checkbox"/> Anger <input type="checkbox"/> Anxiety <input type="checkbox"/> Apathy or Boredom <input type="checkbox"/> Cynicism (pessimism, doubt) <input type="checkbox"/> Decrease Self Confidence <input type="checkbox"/> Defensiveness <input type="checkbox"/> Depression <input type="checkbox"/> Feeling of Impending Danger or Doom <input type="checkbox"/> Feeling of Insecurity <input type="checkbox"/> Feeling of Helplessness or Hopelessness/ Feeling Overwhelmed <input type="checkbox"/> Feeling of Worthlessness or Self Disdain <input type="checkbox"/> Irritability <input type="checkbox"/> Loss of Direction or Sense of Purpose <input type="checkbox"/> Mood Swings <input type="checkbox"/> Nightmares <input type="checkbox"/> Panic <input type="checkbox"/> Poor Concentration <input type="checkbox"/> Racing Thoughts <input type="checkbox"/> Restlessness <input type="checkbox"/> Sadness <input type="checkbox"/> Suspiciousness 	<ul style="list-style-type: none"> <input type="checkbox"/> Angry Outbursts/ Decrease Temper Control <input type="checkbox"/> Avoidance of Social Activities/ Withdrawal <input type="checkbox"/> Being Late/ Missing Appointments <input type="checkbox"/> Change in Sleep Pattern <input type="checkbox"/> Crying Spells <input type="checkbox"/> Decrease in Job Performance or Poor Job Performance <input type="checkbox"/> Decrease Self-Care or Poor Personal Hygiene <input type="checkbox"/> Decreased Interest in Sex <input type="checkbox"/> Difficulty Concentrating <input type="checkbox"/> Excessive Worry <input type="checkbox"/> Forgetfulness <input type="checkbox"/> Impatience <input type="checkbox"/> Inability to Enjoy or Decrease Interest in your Usual Activities <input type="checkbox"/> Increase in Accidents or Injuries <input type="checkbox"/> Increased Arguing <input type="checkbox"/> Increased Smoking <input type="checkbox"/> Increased Use of Alcohol, Drugs or Prescription Drugs <input type="checkbox"/> Increase Use of Sick Time/ Absenteeism <input type="checkbox"/> Loss of Appetite <input type="checkbox"/> Neglecting Responsibility <input type="checkbox"/> Nervous Twitch or Habit <input type="checkbox"/> Overeating <input type="checkbox"/> Procrastination

If you feel stressed to the max for more than two (2) weeks, investigate what help is available to you through your Employee Assistance Program (EAP) or consult with your family physician.