

Stress Symptom Checklist

Circle symptoms that you have experienced to any significant degree in the past 3 months.

Physical Symptoms

Headaches
Body aches
Jaw Tension
Teeth Grinding
Forgetful
Irregular Periods
Nausea &/or nervous tummy
Digestive upsets (cramps, bloating)
Weight Change
Insomnia/poor sleep
Can't get to sleep/don't want to get up
Fatigue/lack of energy
High Blood Pressure
Diarrhea
Skin conditions/rashes
Unusual Hair loss/thinning hair
Allergies
Overeating
Over doing drugs/alcohol
Constipation
Change in appetite
Heart pounding
Sexual problems
Numbness, blankness

Psychological Symptoms

Anxiety or Panic Attacks
Feel helpless/powerlessness
Feel unreal or spacey
Compulsive behaviors
Feeling on guard a lot
Reckless or impulsive
Feeling overwhelmed
Feeling racy/speedy
Mood swings
Loneliness
Problems in relationships
Dissatisfied/unhappy
Difficulty concentrating
Critical of self or of others
Restless or bored
Thoughts of death, wish for death
Worrying, obsessing
Self hatred or belief "I'm messed up"
Feeling guilty or shame
Temper flare-ups/angry/rageful
Crying spells
Nightmares
Apathy
Isolating, not wanting to see others

Any other experiences that concern you?

Wellness & Values Checklist

Circle five words that express what you most value, what you want to deepen and discover. Feel free to add your own.

Honesty
Confidence
Leadership
Creativity
Balance
Authenticity
Happiness
Freedom
Peace
Generosity
Strength
Integrity
Simplicity
Love
Equanimity
Gratitude
Wisdom
Nurturance
Mindfulness
Solitude

Self Compassion
Hope
Independence
Beauty
Courage
Dedication
Playfulness
Spirituality
Intelligence
Intimacy
Forgiveness
Mastery
Belonging
Serenity
Artistic Expression
Commitment
Humor
Kindness
Self acceptance

What do you notice when you do this? _____
