

# Living Your Life Like It's Golden:

Stress Inventory<sup>2</sup>

Think about times when you feel stressed, overwhelmed, or anxious.  
Read through and check off each sentence that is true for you.

- \_\_\_\_\_ 1. I ignore my own needs and just work harder and faster.
- \_\_\_\_\_ 2. I seek out friends for conversation and support.
- \_\_\_\_\_ 3. I eat more than usual.
- \_\_\_\_\_ 4. I engage in some type of physical exercise.
- \_\_\_\_\_ 5. I get irritable and take it out on those around me.
- \_\_\_\_\_ 6. I take a little time to relax, breathe, and unwind.
- \_\_\_\_\_ 7. I smoke a cigarette or drink a caffeinated beverage.
- \_\_\_\_\_ 8. I confront my source of stress and work to change it.
- \_\_\_\_\_ 9. I withdraw emotionally and just go through the motions of my day.
- \_\_\_\_\_ 10. I change my outlook on the problem and put it in better perspective.
- \_\_\_\_\_ 11. I sleep more than I really need to.
- \_\_\_\_\_ 12. I take some time off and get away from my work life.
- \_\_\_\_\_ 13. I go out shopping and buy something to make myself feel good.
- \_\_\_\_\_ 14. I joke with my friends and use humor to take the edge off.
- \_\_\_\_\_ 15. I drink more alcohol than usual.
- \_\_\_\_\_ 16. I get involved in a hobby or interest that helps me unwind and enjoy myself.
- \_\_\_\_\_ 17. I take medicine to help me relax or sleep better.
- \_\_\_\_\_ 18. I maintain a healthy diet.
- \_\_\_\_\_ 19. I just ignore the problem and hope it will go away.
- \_\_\_\_\_ 20. I pray, meditate, or enhance my spiritual life.
- \_\_\_\_\_ 21. I worry about the problem and am afraid to do something about it.
- \_\_\_\_\_ 22. I try to focus on the things I can control and accept the things I can't.

## Assess Yourself

Tally the results by counting how many even-numbered vs. odd-numbered statements you checked.

Tally of even-numbered \_\_\_\_\_

Tally of odd-numbered \_\_\_\_\_

The more even-numbered marks you have, the better you are at managing your stress. A large number of odd-numbered statements suggests you use unhealthy coping mechanisms.

### Stressful or Stress-Less Life? You Choose.

Life happens. Stress, pressure, and challenges are unavoidable. How you deal with these pressures determines whether you have a stressful or stress-less life.

Create the stress-less life that you deserve by choosing at least two even-numbered tasks from the previous page that you'll commit to doing in the next week.

Stress-Less Living Tips	
1.	_____
2.	_____
3.	_____
4.	_____

### Here are some of the favorites my clients and I have collected over the years.

- \_\_\_ Call or visit a friend
- \_\_\_ Cook your favorite dish or try a new recipe
- \_\_\_ Invite a friend to come to your home
- \_\_\_ Share a meal with a friend
- \_\_\_ Organize a party or potluck
- \_\_\_ Go outside and play with your pet
- \_\_\_ Exercise or take a walk
- \_\_\_ Take a dance class
- \_\_\_ Take yourself to the movies
- \_\_\_ Go dancing with friends
- \_\_\_ Listen to music
- \_\_\_ Take a drive on a beautiful day
- \_\_\_ Go to a spa
- \_\_\_ Read your favorite book or magazine
- \_\_\_ Go to your favorite café
- \_\_\_ Visit a museum or a local art gallery

- \_\_\_ Pray or meditate
- \_\_\_ Write in a journal
- \_\_\_ Be active in your faith
- \_\_\_ Plant and tend to a garden
- \_\_\_ Knit, crochet, or sew
- \_\_\_ Paint your nails
- \_\_\_ Take a bubble bath or shower
- \_\_\_ Make a scrapbook of memories or future goals
- \_\_\_ Spend time in nature. The woods, the beach, the river, or mountains. Whatever feeds your soul.
- \_\_\_ Allow yourself to cry. Release whatever has been pent up for the past days, weeks, or months.
- \_\_\_ Go outside and watch/feed the ducks

**Take it a step further. Choose one odd-numbered item and commit to replacing it with an even-numbered one.**

One to Lose (Odd- Numbered)	One to Keep (Even-Numbered)
1.	1.
2.	2.

You deserve a full life imbued with joy and purpose. You can't have that if you're overwhelmed by the stress of ceaseless demands. But when you're accustomed to living your life for others, taking care of yourself might seem frivolous, or even selfish. Next, we'll cover why self-care is important, and how health in mind, body, and spirit improves your ability to give back to your loved ones and your community.

**ACCOUNTABILITY**

Once you've decided what solution you'll pursue, set a date to accomplish it. Write it above, and then put it in your calendar, with a reminder to actually do it. Whether it's a conversation with someone or a task that needs to be completed, scheduling time to do it makes reduces worry and increases accountability.

**Double-Edged Sword of Worry**

There are times when finding a solution to your worries doesn't necessary turn off your racing mind. Your mind may spin all day and all night, even when you're ready for a break.

**Driving Yourself Crazy with Worry?**

Take a few minutes to explore how often worry and anxiety affects you.

Below is a list of common symptoms of anxiety. Mental health experts have long used this scale to assess how worry affects people. Please carefully read each item in the list. Indicate how frequently that symptom has bothered you in the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

	Not At All	Mildly but it didn't bother me much	Moderately - it wasn't pleasant at times	Severely – it bothered me a lot
Numbness or tingling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling hot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wobbliness in legs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unable to relax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of worst happening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dizzy or lightheaded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart pounding/racing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsteady	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terrified or afraid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling of choking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands trembling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shaky / unsteady	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of losing control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty in breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fear of dying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indigestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faint / lightheaded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face flushed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot/cold sweats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>