

Living Your Life Like It's Golden:

Stress Inventory²

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"/>