

Food Safety and Inspection Service
Wellness Training Program

Worksheet Three: Identifying Your Stress Signature

Instructions:

The following is a list of stress exhaustion symptoms. Print out this worksheet and then place a check mark by any symptom you have experienced in the past **three months**. Mark accurate selections from this list to identify your **Stress Signature**.

Physical

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|---|--|
| <input type="checkbox"/> Elevated blood pressure | <input type="checkbox"/> Increased clumsiness |
| <input type="checkbox"/> Increased muscle tension | <input type="checkbox"/> Dry mouth |
| <input type="checkbox"/> Elevated pulse and breathing | <input type="checkbox"/> Skin rash |
| <input type="checkbox"/> Moist or sweaty palms | <input type="checkbox"/> Laryngitis |
| <input type="checkbox"/> Cold hands or feet | <input type="checkbox"/> Blurred vision |
| <input type="checkbox"/> Upset stomach | <input type="checkbox"/> Overeating or undereating |
| <input type="checkbox"/> Ulcers | <input type="checkbox"/> Appetite change |
| <input type="checkbox"/> Increased frequency of urination | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Irritable bowels | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Colds |
| <input type="checkbox"/> Jaw tension | <input type="checkbox"/> Digestive problems |
| <input type="checkbox"/> Muscle spasms | <input type="checkbox"/> Accident-proneness |
| <input type="checkbox"/> Muscle tics, tremors | <input type="checkbox"/> Teeth grinding |
| <input type="checkbox"/> Back pain | <input type="checkbox"/> Restlessness |
| <input type="checkbox"/> Heart pounding | <input type="checkbox"/> Foot tapping |
| <input type="checkbox"/> Weight change, up or down | <input type="checkbox"/> Finger drumming |
| <input type="checkbox"/> Hyperventilation | <input type="checkbox"/> Increased drug, alcohol, or tobacco use |
| <input type="checkbox"/> Increased illness | <input type="checkbox"/> Other _____ |

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Mental
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- | | |
|--|---|
| <input type="checkbox"/> Increased mistakes | <input type="checkbox"/> Negative attitude |
| <input type="checkbox"/> Poor judgment | <input type="checkbox"/> Confusion |
| <input type="checkbox"/> Excessive daydreaming | <input type="checkbox"/> Lethargy |
| <input type="checkbox"/> Reduced creativity | <input type="checkbox"/> Whirling mind |
| <input type="checkbox"/> Loss of interest | <input type="checkbox"/> No new ideas |
| <input type="checkbox"/> Easily excitable | <input type="checkbox"/> Boredom |
| <input type="checkbox"/> Cynicism | <input type="checkbox"/> Spacing out |
| <input type="checkbox"/> Forgetfulness | <input type="checkbox"/> Negative self-talk |
| <input type="checkbox"/> Dulled senses | <input type="checkbox"/> Poor concentration |
| <input type="checkbox"/> Low productivity | <input type="checkbox"/> Other _____ |
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Emotional
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- | | |
|--|--|
| <input type="checkbox"/> Withdrawal from close relationships | <input type="checkbox"/> Bad temper |
| <input type="checkbox"/> Emotional outbursts | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> Excessive hostility, anger, or resentment | <input type="checkbox"/> Crying spells |
| <input type="checkbox"/> Phobias | <input type="checkbox"/> Irritability |
| <input type="checkbox"/> Excessive fears | <input type="checkbox"/> The feeling that no one cares |
| <input type="checkbox"/> Obsessions (unwanted thoughts) | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Chronic low self-esteem | <input type="checkbox"/> Nervous laughter |
| <input type="checkbox"/> Feeling guilty | <input type="checkbox"/> Worrying |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Easily discouraged |
| <input type="checkbox"/> Frustration | <input type="checkbox"/> Little joy |
| <input type="checkbox"/> "The blues" | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mood swings | |
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Relational
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|--|--|
| <input type="checkbox"/> Excessive blaming of others | <input type="checkbox"/> Clamming up |
| <input type="checkbox"/> Snapping at others | <input type="checkbox"/> Lowered sex drive |
| <input type="checkbox"/> Isolation | <input type="checkbox"/> Nagging |
| <input type="checkbox"/> Intolerance | <input type="checkbox"/> Distrust |
| <input type="checkbox"/> Resentment | <input type="checkbox"/> Lack of intimacy |
| <input type="checkbox"/> Loneliness | <input type="checkbox"/> Using people |
| <input type="checkbox"/> Lashing out | <input type="checkbox"/> Fewer contacts with friends |
| <input type="checkbox"/> Hiding | <input type="checkbox"/> Other _____ |

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Behavioral
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- | | |
|--|--|
| <input type="checkbox"/> Trying to do several things at once | <input type="checkbox"/> Drinking more alcohol |
| <input type="checkbox"/> Talking very fast | <input type="checkbox"/> Taking tranquilizers |
| <input type="checkbox"/> Watching more television | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Smoking more cigarettes | |

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Spiritual
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|---|--|
| <input type="checkbox"/> Emptiness | <input type="checkbox"/> Looking for magic solutions |
| <input type="checkbox"/> Loss of meaning | <input type="checkbox"/> Loss of direction |
| <input type="checkbox"/> Doubt | <input type="checkbox"/> Apathy |
| <input type="checkbox"/> Unforgiving | <input type="checkbox"/> Needing to prove self-worth |
| <input type="checkbox"/> Self-inflicted martyrdom | <input type="checkbox"/> Other _____ |
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