

United State Department of Agriculture  
**Food Safety and Inspection Service**

Employee Wellness Training  
Workbook

Food Safety and Inspection Service  
**Wellness Training Program**

**Job Aid One: Exercises for the Low Back**

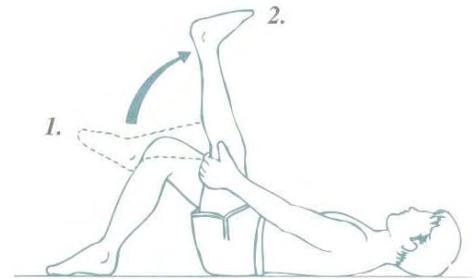
Improving flexibility and strength increases mobility in the back. The following nine exercises increase both flexibility and strength in the back. Exercise to the point of tension, not pain, and remember to warm up. (A warm-up period consists of walking and light general exercises designed to stimulate the muscles, heart, and lungs.)



**1. Gluteus maximus stretch (on ground)**

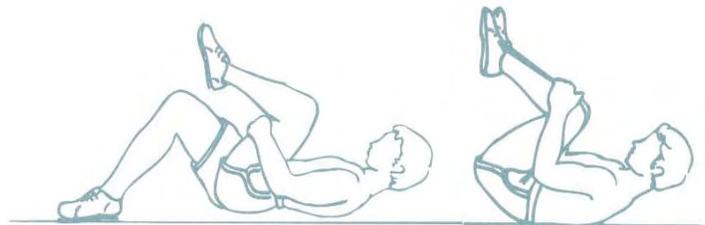
**2. Hamstring stretch (on ground)**

- Lie with feet flat on the floor
- Gently bring one knee to chest **(1)**
- Hold for 10-15 seconds
- Press heel toward the ceiling until a gentle stretch is felt **(2)**
- Hold for 10-15 seconds
- Repeat with other leg



**3. Lower back stretch (on ground)**

- Lie with feet flat on the floor
- Gently bring one knee to chest
- Hold for 10-15 seconds
- Repeat with other leg
- Repeat with both legs

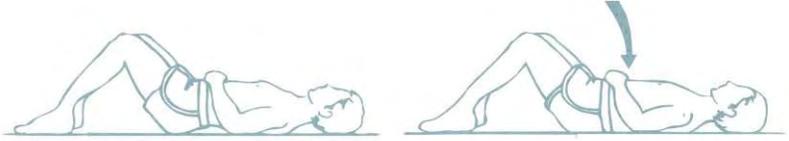


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**4. Pelvic tilts (on ground)**

- Lie with feet flat on the floor
- Contract abdominal muscles, pushing back to the floor
- Hold for 3-5 seconds
- Repeat 8-10 times

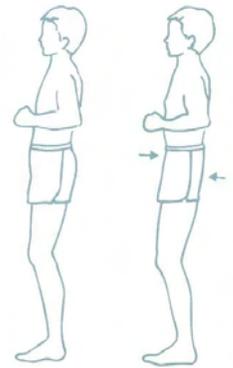


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**5. Standing pelvic tilts**

- Stand with feet shoulder width apart, knees slightly bent
- Contract the abdominal muscles, tilting the hips forward slightly

**NOTE:** This exercise is good to do while working.



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**6. Abdominal crunches**

- Lie with feet flat on the floor
- Raise shoulders off the floor by contracting abdominal muscles (keeping lower back on floor)
- Begin with one set of 8-10 repetitions

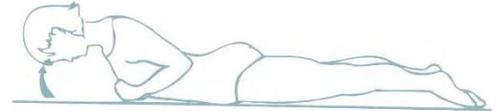


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**7. Shoulder lifts (prone position)**

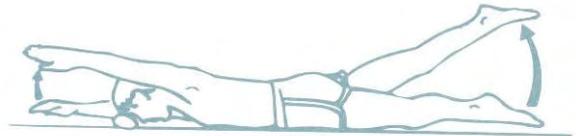
- Lie face down with hands on chest
- Keep head in line with spine by keeping eyes down
- Lift shoulders off ground
- Hold for count of 5
- Repeat 5 times



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**8. Opposite leg opposite arm (prone)**

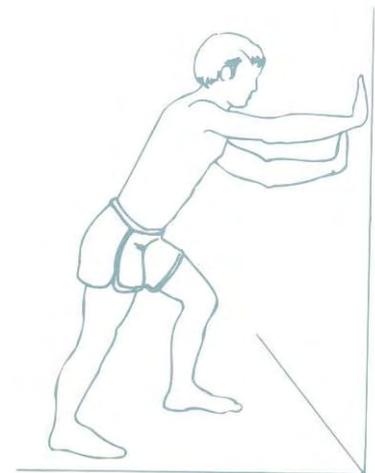
- Lie face down with hands above head (a pillow may be placed under the forehead)
- Lift opposite leg and arm at the same time (keeping head down)
- Hold for count of 5
- Repeat 5 times



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**9. Calf-flexor stretches (standing, against wall)**

- Place hands on the wall at shoulder height
- Bring one foot behind the other, keeping feet in the same direction
- Maintain straight line from back heel to top of head
- Hold for 10-15 seconds
- Repeat with other leg





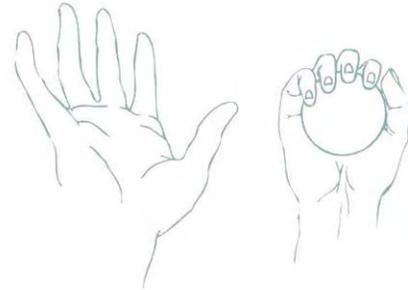
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To strengthen the forearm, the following exercises can be performed:

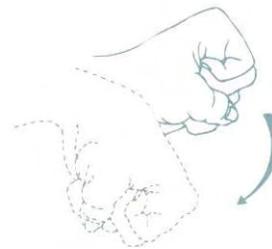
**Hand Squeezes**

- Place tennis ball in palm of hand
- Gently squeeze the ball, contracting muscles of forearm
- Repeat 8-10 times
- Repeat with other hand



**Wrist Curls**

- Make a fist
- Slowly flex and extend wrists
- Perform 8-10 times

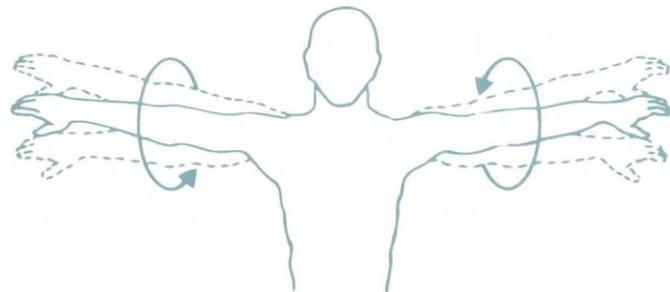


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While at work, change positions frequently. During breaks, you can relieve stress in the muscles by performing these simple stretching exercises: **(The pelvic tilt exercise from Job Aid One is also good to do during breaks.)**

**Range of Motion Exercises**

- **Stand in a pelvic tilt**
- Raise arms to the side
- Slowly circle arms forward
- Repeat 8-10 times
- Repeat, circling arms backward

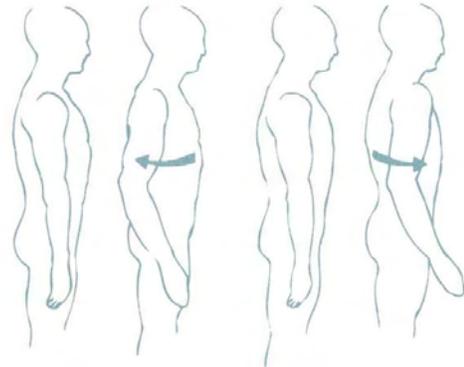


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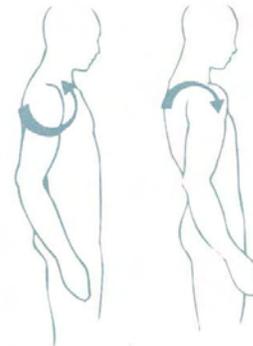
**Shoulder Presses**

- **Stand in a pelvic tilt**
- Slowly press shoulders backward
- Slowly press shoulders forward
- Repeat 8-10 times



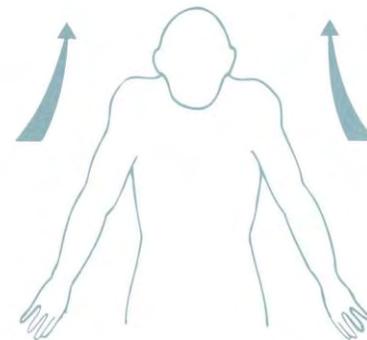
**Shoulder Rolls**

- **Stand in a pelvic tilt**
- Slowly roll shoulders backward 8-10 times
- Repeat in the forward position



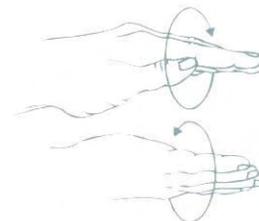
**Shoulder Shrugs**

- **Stand in a pelvic tilt**
- Slowly bring shoulders toward ears in a shrugging motion
- Slowly return to starting position
- Repeat 8-10 times



**Wrist Curls**

- Circle hands at the wrist 8-10 times
- Repeat in other direction

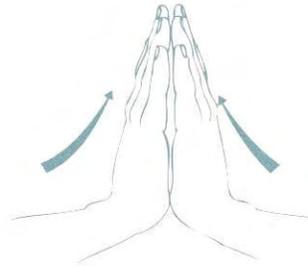


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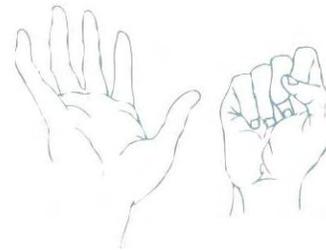
**Prayer Stretches**

- Place hands together in a prayer position
- Gently press hands together
- Hold for 3-5 seconds
- Repeat 5 times



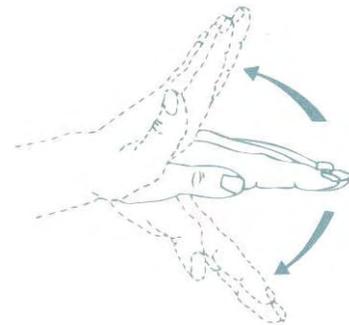
**Opening and Closing Fingers**

- Gently extend fingers
- Return hand to closed position
- Repeat 8-10 times



**Flexing and Extending Wrists**

- With hands in neutral position, slowly flex and extend wrist
- Repeat 8-10 times



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Job performance and physical exercise may stress the same muscles and joints. Therefore, the combined effects of work, home, and play contribute to Cumulative Trauma Disorders (CTDs). Take the same precautions when performing physical exercise as you do in performing your job.

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**Worksheet One: Identifying Stress Triggers**

**Instructions:**

The following is a list of stress triggers. Print out this worksheet and then place a check mark by any event that you regularly experience or have experienced in the last year. Please add any other stress triggers that you experience at the end of each section.



**Daily Hassles**



- Confined to one area
- Break time delayed or inconsistent
- Equipment breakdown
- Unpredictable overtime
- Short staffed/double coverage
- Poor presentation of product (e.g., "bad birds")
- Disagreement with Veterinary Medical Officer (VMO), coworker, or plant employee
- Oversleeping
- Traffic jam
- Other(s) \_\_\_\_\_



**Major Events**



- Being transferred to a new job site
- Divorcing or breaking up
- Getting married
- Going away to FSIS training
- Receiving the diagnosis of a serious medical disorder (e.g., Cumulative Trauma Disorder)
- Being laid off or fired
- Promotion
- Having a baby



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*(Major Events continued)*

- Having surgery
- Accident at work (e.g., a bad cut or fall)
- Other(s) \_\_\_\_\_

.....  
**Ongoing Pressures**

- .....
- Having to defend decisions to condemn product
  - Protecting the public
  - Chronic illness (e.g., Carpal Tunnel Syndrome)
  - Temperature extremes at work
  - Line speed
  - Repetition
  - Tension with plant management
  - Money worries
  - Poor relationship with family member or friend
  - Alcoholism or drug addiction
  - Other(s) \_\_\_\_\_

.....  
**Look back over the stress trigger items you checked.** Can you find any pattern or discover any insights about what stresses you? Are your checkmarks spread around or concentrated in one category? Are they work-related or more personal in nature?  
| .....

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**Worksheet Two: The Holmes-Rahe Life Events Scale**

**Instructions:** Print out this worksheet and assign a score to each of the life events you have experienced in the past two years, based on the values given in the charts. If any particular event has occurred more than once, multiply the value for that event by the number of occurrences to get your score for that item.

<b>Life Event</b>	<b>Value</b>	<b>Your Score</b>
Death of a spouse	100	_____
Divorce	73	_____
Marital separation	65	_____
Jail term	63	_____
Death of a close family member	63	_____
Withdrawal from smoking or other addiction	60	_____
Personal injury or illness	53	_____
Marriage	50	_____
Fired at work	47	_____
Retirement	45	_____
Marital reconciliation	45	_____
Change in health of family member	44	_____
Pregnancy	40	_____
New technology in the office	40	_____
Sex difficulties	39	_____
Gain of a new family member	39	_____
<b>Subtotal</b> (transfer to next page)		_____

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<b>Life Event</b>	<b>Value</b>	<b>Your Score</b>
<b>Subtotal</b> (from previous page)		_____
Business adjustment	39	_____
Change in financial state	38	_____
Death of a close friend	37	_____
Change to a different line of work	36	_____
Change in number of arguments with spouse	35	_____
Workaholic hours (more than 12 hours per day)	35	_____
Mortgage or loan over one year's net salary	31	_____
Foreclosure of mortgage or loan	30	_____
Travel stress (away from home more than 4 days per month)	30	_____
Change in responsibilities at work	29	_____
Son or daughter leaving home	29	_____
Trouble with in-laws	29	_____
Outstanding personal achievement	28	_____
Spouse begins or stops work	26	_____
Begin or end school	26	_____
Change in living conditions	26	_____
Commuting stress (more than 5 hours commuting per week)	25	_____
Revision in personal habits	24	_____
<b>Subtotal</b> (transfer to next page)		_____

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<b>Life Event</b>	<b>Value</b>	<b>Your Score</b>
<b>Subtotal</b> (from previous page)		_____
Trouble with boss	23	_____
Change in work hours or conditions	20	_____
New boss	20	_____
Change in schools	20	_____
Change in recreation	19	_____
Change in church activities	19	_____
Change in social activities	18	_____
Mortgage or loan less than one year's net salary	17	_____
Change in sleeping habits	16	_____
Change in number of family get-togethers	15	_____
Change in eating habits	15	_____
Vacation	13	_____
Christmas	12	_____
Minor violations of the law	11	_____
Miscellaneous		_____
<b>Enter Your Total Here</b>		_____

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Under "Miscellaneous," add any events not covered and assign a value to each, based on where you think the events will fit on the list. **Once you have rated all life events that apply to you, add the numbers to arrive at your total.** You now have some objective idea of the amount of stress that challenges you. If your score is less than 150 points, you have a 30 percent chance of a negative change in your health within the next year, which is considered average. Up to 300 points gives you a 50 percent chance of a negative change. More than 300 points gives you an 80 percent chance of a negative health change. Holmes and Rahe's research found that there was indeed a correlation between the number and severity of changes to which a person must adjust, and the chances of experiencing negative health changes. **Adjusting to many positive and/or negative changes can make you vulnerable to stress induced illnesses. Having regular checkups from your doctor, at least annually if you have a high stress score, will help you gain insight into your own target areas and help to prevent crisis.** Modules VI and VII provide healthy options for managing stress that result from common life events. Remember what your Holmes-Rahe score is. You will use that score in Module VII.

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**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**

- |   |  |
|---|--|
| <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 _____        |
- .....

**Emotional**  
.....

- |  |  |
|--|--|
| <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 _____                 |

.....  
**Behavioral**  
.....

- |  |  |
|--|--|
| <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             |  |

.....  
**Spiritual**  
.....

- |   |  |
|---|--|
| <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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**Look back over your checklist.** Are there any patterns evident in the types of symptoms you are experiencing? Are the checkmarks distributed evenly among the six categories, or do they collect in specific areas? Are there any surprises? Confirmations?

**Your selections from the stress exhaustion symptoms mentioned in this module identify your stress signature.** Your individual reactions to prolonged stress can be changed to increase your stress resistance. Module VI addresses this topic.

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**Worksheet Four: Identify Your Symptoms of Job Stress**

**Instructions:** Print out this worksheet and rate your experience in your job during the past year, using the following 5-point scale. Calculate your total score and write it in the **Total** box.

0 = Never    1 = Occasionally    2 = Somewhat often    3 = Frequently    4 = Almost always

- \_\_\_\_\_ I feel little enthusiasm for doing my job.
- \_\_\_\_\_ I feel tired even with adequate sleep.
- \_\_\_\_\_ I feel frustrated in carrying out my responsibilities at work.
- \_\_\_\_\_ I am moody, irritable, or impatient over small inconveniences.
- \_\_\_\_\_ I want to withdraw from the constant demands on my time and energy.
- \_\_\_\_\_ I feel negative, futile or depressed about my job.
- \_\_\_\_\_ My decision-making ability seems less than usual.
- \_\_\_\_\_ I think that I am not as efficient as I should be.
- \_\_\_\_\_ The quality of my work is less than it should be.
- \_\_\_\_\_ I feel physically, emotionally, or spiritually depleted.
- \_\_\_\_\_ My resistance to illness is lowered.
- \_\_\_\_\_ My interest in sex is lowered.
- \_\_\_\_\_ I am eating more or less, drinking more coffee, tea, or soda, smoking more cigarettes, or using more alcohol or drugs in order to cope with my job.
- \_\_\_\_\_ I am feeling emotionally callous about the problems and needs of others.
- \_\_\_\_\_ My communication with my boss, co-workers, friends, or family seems strained.
- \_\_\_\_\_ I am forgetful.
- \_\_\_\_\_ I am having difficulty concentrating.
- \_\_\_\_\_ I am easily bored.
- \_\_\_\_\_ I feel a sense of dissatisfaction, of something being wrong or missing.  
When I ask myself why I get up and work, the only answer that occurs is "my paycheck."

**Total** (Enter the total number of points.)

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If you scored 0 to 25, you are probably coping adequately with the stress of your job. If you scored 26 to 40, you are suffering from job stress and would be wise to take preventive action. If you scored 41 to 55, you need to take preventive action to avoid job burnout. If you scored 56 to 80, you are burning out and must develop a comprehensive job stress management plan. **Later stages in this stress management workbook series will help you to construct your own personal stress management plan to help you take preventive action to avoid job burnout.**

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**Module IV: Personal Review**

1. In reviewing my responses to the checklist on Worksheet One, "Identifying Stress Triggers," I discovered that most of my responses fell in which area?

- Daily Hassles                       Major Events                       Ongoing Pressures

2. My "Stress Signature," as indicated by my responses on Worksheet Two, "Identifying Your Stress Signature," suggests that I am more prone to problems in which of these areas?

- Physical                       Mental                       Emotional  
 Spiritual                       Behavioral                       Relational

3. My physical symptom that concerns me most is \_\_\_\_\_.

4. After completing Module IV, the following effects of stress in my life are a major concern:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

5. According to my Holmes-Rahe Life Event score, I have a \_\_\_\_\_ percent chance of having a negative health change within the next year.

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**Worksheet Five: Identify the Sources of Your Job Stress**

**Instructions:** Print out this worksheet and rate your experience in your job during the past year, using the 5-point scale below. Calculate your score for each section and write it in the **Subtotal** box. At the end of the exercise, add up all your subtotal scores and write the result in the **Grand Total** box.

0 = Never    1 = Occasionally    2 = Somewhat often    3 = Frequently    4 = Almost always

***Lack of Control***

- \_\_\_\_\_ I lack the opportunity to carry out certain responsibilities.
- \_\_\_\_\_ I feel trapped in a situation without any real options.
- \_\_\_\_\_ I am unable to influence decisions that affect me.
- \_\_\_\_\_ There are a lot of requirements that get in the way of my doing certain tasks.
- \_\_\_\_\_ I can't solve the problems assigned to me.

**Subtotal**

***Information Gap***

- \_\_\_\_\_ I am unsure about the responsibilities of my job.
- \_\_\_\_\_ I don't have enough information to carry out certain tasks.
- \_\_\_\_\_ I am unable to influence decisions that affect me.
- \_\_\_\_\_ Others I work with are not clear about what I do.
- \_\_\_\_\_ I don't understand the criteria used to evaluate my performance.

**Subtotal**

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***Cause and Effect***

- \_\_\_\_\_ There is no relationship between how I perform and how I am rated.
- \_\_\_\_\_ I sense that popularity and politics are more important than performance.
- \_\_\_\_\_ I don't know what my supervisor thinks of my performance.
- \_\_\_\_\_ I don't know what I am doing right and what I am doing wrong.
- \_\_\_\_\_ There is no relationship between how I perform and how I am treated.

**Subtotal**

***Conflict***

- \_\_\_\_\_ I am expected to satisfy conflicting needs.
- \_\_\_\_\_ I disagree with co-workers.
- \_\_\_\_\_ I disagree with my supervisor.
- \_\_\_\_\_ I am caught in the middle.
- \_\_\_\_\_ I can't get what I need to get the job done.

**Subtotal**

***Blocked Career***

- \_\_\_\_\_ I feel pessimistic about opportunities for advancement or growth in my job.
- \_\_\_\_\_ My supervisor or boss is critical.
- \_\_\_\_\_ I feel unaccepted by the people I work with.
- \_\_\_\_\_ My good work is not noticed or appreciated.
- \_\_\_\_\_ My progress on the job seems less than it could be.

**Subtotal**

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***Alienation***

- \_\_\_\_\_ I experience little meaning in my work.
- \_\_\_\_\_ I feel unsupported by my co-workers or boss.
- \_\_\_\_\_ My values seem at odds with those of the management.
- \_\_\_\_\_ The organization seems insensitive to my individuality.
- \_\_\_\_\_ I find I cannot be myself at work because I feel different from my co-workers.

**Subtotal**

***Overload***

- \_\_\_\_\_ I have too much to do and too little time in which to do it.
- \_\_\_\_\_ I take on new responsibilities without letting go of any of the old ones.
- \_\_\_\_\_ My job seems to interfere with my personal life.
- \_\_\_\_\_ I must work on my own time (during breaks, lunch, at home, and so on.)
- \_\_\_\_\_ The size of my workload interferes with how well I do it.

**Subtotal**

***Underload***

- \_\_\_\_\_ I have too little to do.
- \_\_\_\_\_ I feel overqualified for the work I actually do.
- \_\_\_\_\_ My work is not always challenging.
- \_\_\_\_\_ Most of my work is very routine.
- \_\_\_\_\_ I miss contact with people in my job.

**Subtotal**

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***Environment***

- \_\_\_\_\_ I find my work environment unpleasant.
- \_\_\_\_\_ I lack the privacy I need to concentrate on my work.
- \_\_\_\_\_ Some aspects of my environment seem hazardous.
- \_\_\_\_\_ I have too much or too little contact with people.
- \_\_\_\_\_ I have to deal with many little hassles.

**Subtotal**

***Value Conflict***

- \_\_\_\_\_ I must do things that are against my better judgment.
- \_\_\_\_\_ I must make compromises in my values.
- \_\_\_\_\_ My family and friends do not respect what I do.
- \_\_\_\_\_ I observe my co-workers doing things that I don't approve of.
- \_\_\_\_\_ In my work environment, I see individuals doing things that are unethical or unsafe.

**Subtotal**

**Grand Total**

If your score is over 100, you have more than an average amount of job stressors. If your score is 130 or higher, the number of job stressors is unusually high. **In addition to dealing with your specific major stressors, you will want to give consideration to the general areas of job stress.** Identify the categories in which you scored 12 or more. Take a moment to reflect on these categories. Are there any patterns evident? Any surprises? Any confirmations?

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**Worksheet Six: Identify Your Current Job Stressors**

**Instructions:**

Print out this worksheet and then take two or three minutes to make a list of current job stressors that you feel comfortable sharing in a discussion with your coworkers.

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Share your list with your coworkers. Take a couple of minutes to discuss the items on your list. Choose one stressor that you have in common and one that is unique to each member.

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Common Stressor

Unique Stressor

*Discuss the differences and commonalties in the stressors that you and your fellow coworkers experience at work.*



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**Worksheet Seven: Identify Coping Techniques  
for Your Job Stressors**

**Instructions:**

Print out this worksheet and then list three to five examples of coping techniques you use (such as drinking a cup of coffee, exercising, or taking a hot bath).

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After spending a couple of minutes to make your list, ask a fellow coworker what coping techniques he/she uses to deal with stress. Compare the things each of you do to help cope with job stress. Discuss the things you have in common and the things that are unique to each of you for a few minutes.

\_\_\_\_\_ Common copier  
\_\_\_\_\_ Unique copier

After discussing with your coworker, discuss coping strategies with other coworkers in your area to discover the coping techniques and strategies that are common and unique among your group.

This Wellness training program will further these coping ideas by giving you opportunities to learn new relaxation techniques and other stress reduction coping strategies.

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**Module V: Personal Review**

1. According to your score on "Worksheet Four: Identify Your Symptoms of Job Stress," you

- are probably coping adequately with the stress of your job
- are suffering from job stress
- need to take preventive action to avoid job burnout
- are burning out and must develop a comprehensive job stress management plan

2. List the categories in which you scored 12 points or more on "Worksheet Five: Identify the Sources of Your Job Stress."

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3. After completing "Worksheet Six: Identify Your Current Job Stressors," list the job stressor you had in common with most people in your group.

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4. List a job stressor that you had that was unique to you within your group.

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5. After completing "Worksheet Seven: Identify Coping Techniques for Your Job Stressors," list a coping technique that was a new idea to you.

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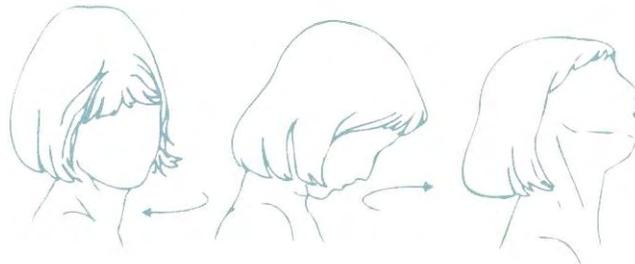
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**Job Aid Four: Stretching Exercises**

A variety of stretching exercises can help your body to relax. Here are three simple ones:

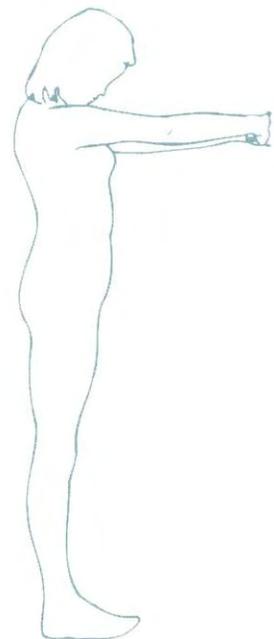
**Neck Stretch**

- Stretch your neck by gently rolling your head in a half circle starting at one side.
- Drop your chin to your chest.
- Roll your head in a half circle to the other side.
- Repeat two or three times, gently rolling.



**Shoulder Stretch**

- Extend your arms in front of you at shoulder height and interlace your fingers.
- Turn your palms outward.
- Lower your chin to your chest and extend your arms forward.
- Hold for 10 to 20 seconds.
- Repeat two more times.

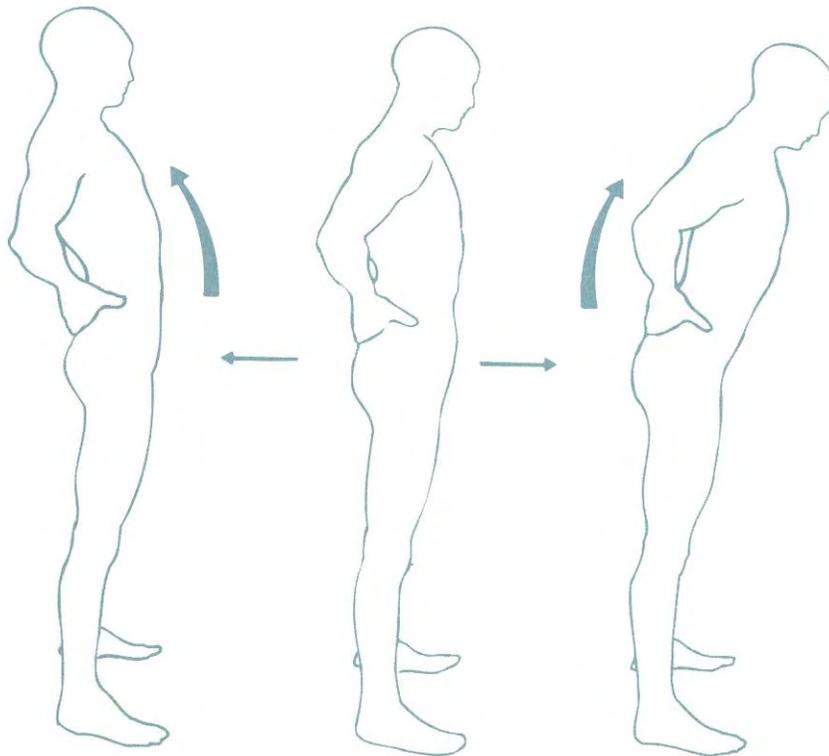


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**Back Bend**

- Stand and place your palms on your lower back.
- Slowly lean your upper body back without overextending your neck and hold for five seconds.
- Slowly lean forward until you feel your lower back muscles stretch. Hold for five seconds.
- Repeat these steps twice.





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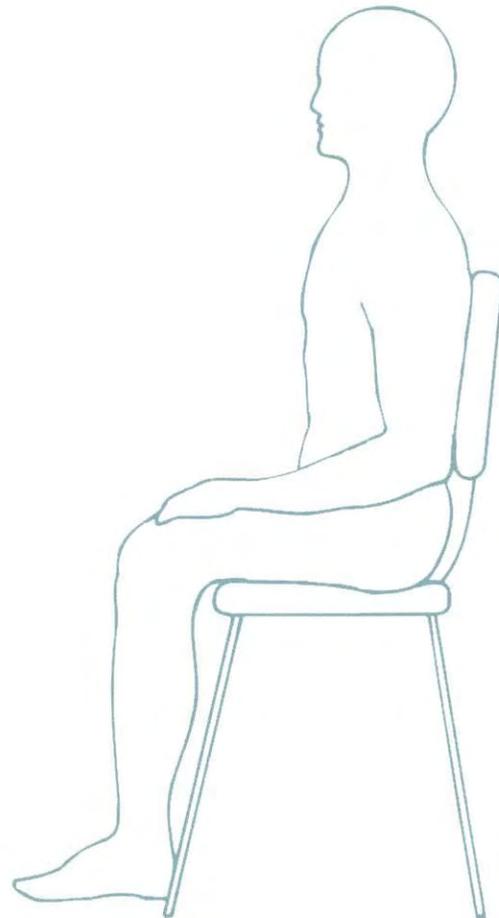
**Job Aid Six: Autogenics**

Autogenics uses mental suggestions to create physical symptoms that help your body to relax. By telling yourself that you feel warm and heavy, you help your body to create a relaxation response. Your body learns to follow the suggestions of your thoughts.

.....

**Autogenics Exercise**

- Sit comfortably without crossing your arms or legs. Loosen any tight clothing. Close your eyes and try to clear your mind.
- Mentally focus on your right arm, repeating to yourself in your mind, "my right arm feels warm and heavy," until your arm feels warmer and heavier.
- Repeat this same suggestion with different parts of the rest of your body, until you feel completely relaxed.







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**Worksheet Nine: Controlling Stressors Exercise**

**Instructions:**

Print out this worksheet and make a list of stressors in your life that you can possibly control in Column One. (These might be daily hassles, ongoing problems, or more rarely, major events in your life.) In Column Two, list the stressors in your life that you cannot control at all.

<b>Stressors Under My Control (Courage)</b>	<b>Stressors Beyond My Control (Serenity)</b>

Now review the stressors in Column Two. Are there any items in this column that may seem, at first glance, to be beyond your control? If you find new ways of looking at these stressors and make some changes in your life, you may be able to move them into Column One.

If the stressors in Column Two truly are out of your control, acknowledge that you can do nothing about these stressors, and turn your attention to the stressors in your life that you *can* control.



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**Worksheet Ten: The Hanson Scale of Stress Resistance**

This inventory will help you to take a look at the kinds of choices you make in your life. **Weak choices interfere with your ability to resist stress. Strong choices that you make in your lifestyle help build hardiness, or resistance, to the effects of stress.**

**Instructions:** Print out this worksheet and complete the following inventory.

1. Give yourself points for the various weak choices; total them at the end of the column on page 1.
2. Give yourself points for the various strong choices; total them at the end of the column on page 2.
3. Transfer total scores from page 1 and 2 to the appropriate boxes on page 3. Follow the directions given, to obtain your net stress score.

<b>Weak Choices</b>	<b>Value</b>	<b>Your Score</b>
<b>Bad Genetics:</b> You have a family history of deaths before age 65 from natural causes (any parent or grandparent).	-10	_____
<b>Insomnia:</b> You are insufficiently rested to have enough energy during the day, yet cannot sleep effectively at night.	-20	_____
<b>Bad Diet:</b> Your diet is unbalanced because you eat too many junk foods. You also qualify if you go on fad diets that allow some, but not all of the recommended food categories.	-30	_____
<b>Obesity, Bulimia, or Anorexia:</b> You are 10 percent or more over or under the weight at which you look your best in a bathing suit.	-40	_____
<b>Unrealistic Goals:</b> You continually fail to meet goals you've set for yourself.	-50	_____
<b>"Poisons":</b> You take drugs, including: prescriptions such as tranquilizers or anti-depressants, store drugs, too much caffeine or too much alcohol in order to get through the day.	-60	_____
<b>Smoking:</b> You use tobacco in any form (for example, cigarettes, cigars, pipe, or snuff) and in any amount.	-70	_____
<b>Wrong Job:</b> You find your career boring or downright unpleasant. You love weekends and holidays, but dread going back to work.	-80	_____
<b>Financial Distress:</b> You can't support your current lifestyle and pay your debts, as well as maintain some savings for the future.	-90	_____
<b>Unstable Home and Personal Life:</b> You do not get along with family members and/or close friends. Also assign yourself this score if you see yourself as "lonely" or as having many superficial friends and bouncing from one meaningless relationship to another.	-100	_____
<b>Your Total</b>	-550	_____

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<b>Strong Choices</b>	<b>Value</b>	<b>Your Score</b>
<b>Good Genetics:</b> You have "chosen" your ancestors well; all parents and grandparents have lived past 65 years.	+10	_____
<b>Sense of Humor:</b> You can laugh <i>with</i> others, and <i>at</i> yourself.	+20	_____
<b>The Right Diet:</b> You eat a balanced diet, including the right number of calories to maintain your ideal body weight.	+30	_____
<b>Alternate Activity:</b> You have a balance of physical and intellectual activities in your life. You exercise at least three times a week, and strive to maintain tone and flexibility in your body.	+40	_____
<b>Realistic Goals:</b> You try to set clear, attainable goals regarding your work and your personal life.	+50	_____
<b>Stress Skills:</b> You know how to identify stress in your life and are aware of what is happening inside your body during times of stress.	+60	_____
<b>Relaxation Skills:</b> You sleep sufficiently well at night to have full energy levels during the day. If you become fatigued, you have the ability to take a refreshing nap.	+70	_____
<b>Thorough Job Preparation:</b> You are fully rehearsed and mentally prepared to handle the routine stresses at work. When unexpected job stresses hit, you have some contingency plans and skills in crisis management.	+80	_____
<b>Financial Stability:</b> You have the savings, insurance policies, and/or marketable job skills to protect yourself and your dependents should you lose your job.	+90	_____
<b>Stable Home and Personal Life:</b> You have an understanding confidant, a best friend, and a loving partner (even better if your spouse qualifies for all three). Your family and friends are supportive in good times and bad.	+100	_____
<b>Your Total</b>	+550	_____

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<b>Results</b>	<b>Your Score</b>
Enter total of <b>Strong Choices</b>	_____
Enter total of <b>Weak Choices</b>	_____
Add above two numbers for <b>Stress Resistance Total</b>	_____
<b>Subtract your Holmes-Rahe Stress Score</b> (found in Module IV)	_____
to get your <b>Net Stress Score</b>	_____

If you obtain a Net Stress Score of more than -300 (such as -350, -400), that indicates an 80 percent chance of serious change in your health. Consider yourself at RISK. Apparently the Weak Choices you make overshadow the Strong Choices you make and you have many Life Events which add more stress to your life. You are very vulnerable to developing serious Stress Exhaustion Symptoms. **Remember, even if you score well today, stress is dynamic, constantly changing. Review your position on the scale every six months.**

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**Worksheet Eleven: Healthy Attitudes Quiz**

**Are You Stress-Resistant?** This quiz is a quick measure of your ability to resist stress through the use of healthy coping skills.

**Instructions:** Print out this worksheet and rate your attitude, using the following 4-point scale. Score:  
0 if the statement is definitely not true for you  
1 if it is usually not true  
2 if it is somewhat true  
3 if it is definitely true

1. \_\_\_\_\_ When I work hard, it makes a difference.
2. \_\_\_\_\_ Getting out of bed in the morning is easy for me.
3. \_\_\_\_\_ I have the freedom I want and need.
4. \_\_\_\_\_ At times, I've sacrificed for an exciting opportunity.
5. \_\_\_\_\_ Sticking to my routine is not important to me.
6. \_\_\_\_\_ I vote because I think it makes a difference.
7. \_\_\_\_\_ You make your own lucky breaks.
8. \_\_\_\_\_ I agree with the goals of my boss and my Agency.
9. \_\_\_\_\_ I've been "lucky in love" because I try to be a loving person.
10. \_\_\_\_\_ I believe I get what I give. But I don't "keep score."
11. \_\_\_\_\_ It is important for me to try new things.
12. \_\_\_\_\_ Free time is a gift I really enjoy.
13. \_\_\_\_\_ I work hard, and I'm paid fairly.
14. \_\_\_\_\_ My family is a great pleasure to me.
15. \_\_\_\_\_ I speak up for what I believe in.

Add your scores for #1, 6, 7, 9, and 13. This is your **Stress Management** score: The higher it is, the more **control** you feel you have over your own life, and the better you are able to manage your stresses.

**Total**

Add your scores for #2, 3, 8, 10, and 14. This is your **commitment** score: The higher it is, the more you are committed to and enjoy your life.

**Total**

Add your scores for #4, 5, 11, 12, and 15. This is your **risk** score: The higher it is, the more willing you are to take risks.

**Total**

**Grand Total**

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If your Grand Total Score is:

**35 or above:** You are very resistant to stress, your positive attitudes help you ---  
Congratulations!

**27 or 34:** You are somewhat resistant but could be more so; look at each item, and choose  
a few to work on.

**18 or 26:** You need to look at your habits and attitudes to improve your resistance to  
stress; go through the statements above, and pick one to improve each month.

**Under 18:** If stresses get serious, you could be in trouble; take time **now** to change your  
habits and attitudes; you may want to ask a professional counselor for ways to develop  
more control, commitment, and healthy risk-taking in your life.

There are various ways to increase your stress resistance. These methods may not make you bullet-proof to stress, but they do increase your ability to withstand various stressors on your job or in your personal life. **Stress resistance can be increased by maintaining healthy attitudes (such as control, commitment, and healthy risk-taking), by learning how to create muscular relaxation, and learning how to create emotional relaxation.**

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**Worksheet Twelve: Priority Balance Sheet**

**Instructions:**

Print out this worksheet and then use the key below to decide whether you are making a low, moderate, or high energy commitment to the major priorities of your life. After completing all the items in the first column, proceed to the "Level of Importance" column, and decide whether you want to make each item a low, moderate, or high priority. Your priorities may change between the Energy Spent Now and the Level of Importance that you assign to each of life's major priorities.

**KEY: Low (L) Moderate (M) High (H)**



<b>Major Priorities</b>	<b>Energy Spent Now</b>	<b>Level of Importance</b>
Exercise	_____	_____
Nutrition	_____	_____
Family	_____	_____
Friends	_____	_____
Significant other/Spouse	_____	_____
Time alone	_____	_____
Recreation	_____	_____
Hobbies	_____	_____
Work	_____	_____
Community involvement	_____	_____
Spiritual involvement	_____	_____
Other(s)	_____	_____
	_____	_____



Were you surprised to find that some of the major priorities in your life do not get very much of your energy? Does this give you any ideas about things that you want to change in your life? Many times the "squeaky wheel gets the grease," even when it is a low priority item.

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**Worksheet Thirteen: Design a Personal Stress Management Program**

**Instructions:**

Hopefully, you are already doing some things that help make you stress resistant. Print out this worksheet and place a check mark by the coping skills you already have in your lifestyle.



**Physical Skills**

**People Skills**



- Eat three meals daily
- Exercise at least three times weekly
- Don't smoke
- Drink alcohol no more than three times per week

- Ask for help when I need it
- Say how I feel
- Give and receive love
- Say "no" if I need to



**Personal Management Skills**

**Action Skills**



- Plan my time well
- Be on time when I'm expected
- Take "time out" to get perspective
- Know how to laugh at life

- Have hobbies
- Feel good about what I do
- People can count on me
- Try new things



Now, you have an opportunity to construct your own Personal Stress Management Program. You have had a chance to look at the things that you already do that help you cope with stress, and you have had an opportunity to read about a variety of things that can help you become more stress resistant.



