

My Stress Signs and Symptoms

Using the checklist below, mark the signs and symptoms of your stress.

<input type="checkbox"/> Frequent headaches, jaw clenching or pain <input type="checkbox"/> Gritting, grinding teeth <input type="checkbox"/> Stuttering or stammering <input type="checkbox"/> Tremors, trembling of lips, hands <input type="checkbox"/> Neck ache, back pain, muscle spasms <input type="checkbox"/> Light headedness, faintness, dizziness <input type="checkbox"/> Ringing, buzzing or “popping” sounds <input type="checkbox"/> Frequent blushing, sweating <input type="checkbox"/> Cold or sweaty hands, feet <input type="checkbox"/> Dry mouth, problems swallowing <input type="checkbox"/> Frequent colds, infections, herpes sores <input type="checkbox"/> Rashes, itching, hives, “goose bumps” <input type="checkbox"/> Unexplained or frequent “allergy” attacks <input type="checkbox"/> Heartburn, stomach pain, nausea <input type="checkbox"/> Excess belching, flatulence <input type="checkbox"/> Constipation, diarrhea, loss of control <input type="checkbox"/> Difficulty breathing, frequent sighing <input type="checkbox"/> Sudden attacks of life threatening panic	<input type="checkbox"/> Diminished sexual desire or performance <input type="checkbox"/> Excess anxiety, worry, guilt, nervousness <input type="checkbox"/> Increased anger, frustration, hostility <input type="checkbox"/> Depression <input type="checkbox"/> Frequent or wild mood swings <input type="checkbox"/> Problems in communication, sharing <input type="checkbox"/> Social withdrawal and isolation <input type="checkbox"/> Constant tiredness, weakness, fatigue <input type="checkbox"/> Frequent use of over-the-counter drugs <input type="checkbox"/> Weight gain or loss without diet <input type="checkbox"/> Increased smoking, alcohol or drug use <input type="checkbox"/> Excessive gambling or impulse buying <input type="checkbox"/> Rapid or mumbled speech <input type="checkbox"/> Excessive defensiveness or suspiciousness <input type="checkbox"/> Chest pain, palpitations, rapid pulse <input type="checkbox"/> Frequent urination <input type="checkbox"/> Lies or excuses to cover up poor work	<input type="checkbox"/> Increased or decreased appetite <input type="checkbox"/> Insomnia, nightmares, disturbing dreams <input type="checkbox"/> Difficulty concentrating, racing thoughts <input type="checkbox"/> Trouble learning new information <input type="checkbox"/> Forgetfulness, disorganization, confusion <input type="checkbox"/> Difficulty in making decisions <input type="checkbox"/> Feeling overloaded or overwhelmed <input type="checkbox"/> Frequent crying spells or suicidal thoughts <input type="checkbox"/> Feelings of loneliness or worthlessness <input type="checkbox"/> Little interest in appearance, punctuality <input type="checkbox"/> Nervous habits, fidgeting, feet tapping <input type="checkbox"/> Increased frustration, irritability, edginess <input type="checkbox"/> Overreaction to petty annoyances <input type="checkbox"/> Increased number of minor accidents <input type="checkbox"/> Obsessive or compulsive behavior <input type="checkbox"/> Reduced work efficiency or productivity
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