Activity 2: Monitoring Signs of Stress

In the space below....

| Describe the stressors that you are experiencing | List the symptoms that you have experienced in response to stress |
|--|--|
| Getting to work on time while managing my mom's needs in the morning. | Difficulty falling and staying asleep Worrying about the next day Feeling tired and low energy |
| 2. | 0 0 0 |
| 3. | 0 0 |
| 4. | 0 0 0 |
| 5. | 0 0 |
| 6. | 0 0 0 |
| 7. | 0 0 0 |
| 8. | 0 0 |
| 9. | 0 0 0 0 |
| 10. | 0 0 |
| | |