

Name _____

Date _____

CHECK THIS OUT!! (SM-9)

DIRECTIONS: Look at the symptoms of stress listed below. Check *ALL* the symptoms that have applied or currently apply to you. Discuss your chart with a classmate. Are there any similarities? How much stress do you think you are currently under? Discuss ways that each of you could eliminate some of the stress that causes these problems.

Physical Symptoms

- headaches
- stomach aches
- dizziness
- back pain
- neck stiffness
- ulcer sores on tongue, mouth
- jaw pains
- constipation
- diarrhea
- weight loss or gain
- twitches (eyelids, face)
- weakness
- nausea
- indigestion
- overeating or loss of appetite
- skin problems
- cold hands or feet
- excessive sweating
- chest pains
- inability to sleep
- high blood pressure
- rapid or difficult breathing
- heart palpitations
- frequent urination
- heartburn
- excessive sleeping
- constant fatigue

Emotional Symptoms

- mood changes
- lack of concentration
- nightmares
- panic attacks
- anxiety
- withdrawing from others
- anger
- irritability
- crying
- thoughts of suicide
- depression
- confusion
- feelings of helplessness
- restlessness
- racing thoughts
- aggressiveness

Behavioral Symptoms

- smoking
- nail biting
- tapping
- pulling hair
- grinding teeth
- use of alcohol
- use of medication
- compulsive dieting
- compulsive overeating
- nervous laughter
- pacing
- lateness
- putting things off
- not caring about physical appearance

