

# Where does your stress come from? What can you do about it?

Place an "X" next to the issues below that you feel cause you considerable stress:

Conflicts or concerns about your marriage or a relationship	<input type="checkbox"/>
Concerns about your children	<input type="checkbox"/>
Concerns about your parents or other family members	<input type="checkbox"/>
Health problems or worries	<input type="checkbox"/>
Death of a loved one	<input type="checkbox"/>
Pressures from other family members/in-laws	<input type="checkbox"/>
Relationships with friends	<input type="checkbox"/>
Financial worries	<input type="checkbox"/>
Concerns related to work/career	<input type="checkbox"/>
Household responsibilities	<input type="checkbox"/>
Balancing the demands of work and family	<input type="checkbox"/>
Too little personal time	<input type="checkbox"/>
Concerns with your social life	<input type="checkbox"/>
Concerns or a change in where you are living or will live	<input type="checkbox"/>
Concerns about your appearance	<input type="checkbox"/>
Concerns about your behavior or habits	<input type="checkbox"/>
Feeling Bored or "In a rut"	<input type="checkbox"/>
Feeling Lonely	<input type="checkbox"/>
Other _____	<input type="checkbox"/>
Other _____	<input type="checkbox"/>

Of the issues you have identified as stressful, list the three you find most troubling, and for each identify at least three concrete steps you can take to feel better about the issue:

(Hint: This means list three behaviors you can do in the near future)

1. \_\_\_\_\_
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  
2. \_\_\_\_\_
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  
3. \_\_\_\_\_
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_