



Stress Level Self-Assessment Worksheet

Instructions:

Check all boxes that apply to your experience over the past 7 days. Use the scoring guide at the bottom to reflect on your current stress level.

Physical Symptoms

- ☐ Headaches, muscle tension, or jaw clenching
- ☐ Elevated or irregular heart rate without exertion
- ☐ Trouble sleeping (falling asleep, staying asleep, waking tired)
- ☐ Noticeable change in appetite (increase or decrease)
- ☐ Persistent fatigue despite rest
- ☐ Stomach issues (nausea, cramps, indigestion)

Cognitive and Emotional Signs

- ☐ Difficulty concentrating or staying focused
- ☐ Racing, scattered, or overwhelming thoughts
- ☐ Irritability, impatience, or frequent frustration
- ☐ Anxiety, dread, or panic episodes
- ☐ Emotional numbness or disconnection
- ☐ Increased self-criticism or negative self-talk

Behavioral Indicators

- ☐ Withdrawal from social interactions or support
- ☐ Avoidance or procrastination of responsibilities
- ☐ Coping through substances (food, alcohol, screens, etc.)
- ☐ Difficulty making decisions or feeling paralyzed by choices
- ☐ Compulsive behaviors (checking, scrolling, cleaning)

Regulation and Recovery

- ☐ Practiced grounding or calming techniques
- ☐ Experienced genuine relaxation or joy
- ☐ Identified and named emotions
- ☐ Reached out for support or expressed needs
- ☐ Maintained routines that promote safety or stability

Scoring Guide

Count the total number of boxes checked:

Total Checked	Stress Level	Suggested Action
0–5	Low	Maintain current regulation practices
6–10	Moderate	Add recovery strategies and monitor patterns
11+	High	Prioritize rest, support, and emotional regulation