



Stress symptoms

The following is a symptom inventory adapted from work by Tubesing and Tubesing (1983). These are symptoms commonly reported by people during a stress experience. The physical reactions are governed by the autonomic nervous system as part of the fight-or-flight alarm reaction. But, if we do not respond to the stressor or if the stressor is chronic, then symptoms in other realms may also surface. Check off the ones you have noticed in yourself and add your own if they are not mentioned.

<p>PHYSICAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> Headaches <input type="checkbox"/> Muscle tension <input type="checkbox"/> Fatigue <input type="checkbox"/> Insomnia <input type="checkbox"/> Weight change <input type="checkbox"/> Catching colds more often <input type="checkbox"/> Muscle aches <input type="checkbox"/> Digestive upsets/nausea <input type="checkbox"/> Pounding heart <input type="checkbox"/> Teeth grinding at night <input type="checkbox"/> Rashes <input type="checkbox"/> Restlessness <input type="checkbox"/> Foot tapping <input type="checkbox"/> Increased chronic pain <input type="checkbox"/> _____ <p>BEHAVIOURAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> More time on the computer <input type="checkbox"/> Watching more television <input type="checkbox"/> Eating more/less <input type="checkbox"/> Excessive shopping <input type="checkbox"/> Driving recklessly/taking more chances <input type="checkbox"/> Biting nails <input type="checkbox"/> Being accident prone <input type="checkbox"/> Nervous laughter <input type="checkbox"/> Increased alcohol and/or drug use <input type="checkbox"/> Repetitive behaviours (e.g., checking) <input type="checkbox"/> Self-harm behaviours <input type="checkbox"/> _____ 	<p>EMOTIONAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> Anxiety <input type="checkbox"/> Being easily frustrated <input type="checkbox"/> The “blues” <input type="checkbox"/> Nightmares <input type="checkbox"/> Crying spells <input type="checkbox"/> Irritability <input type="checkbox"/> Feeling that “no one cares” <input type="checkbox"/> Depression <input type="checkbox"/> Worrying <input type="checkbox"/> Being easily discouraged <input type="checkbox"/> Lack of joy <input type="checkbox"/> Lethargy <input type="checkbox"/> _____ <p>COGNITIVE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Forgetfulness <input type="checkbox"/> Difficulty making decisions <input type="checkbox"/> Low productivity <input type="checkbox"/> Confusion <input type="checkbox"/> Whirling mind <input type="checkbox"/> Loss of creativity <input type="checkbox"/> Boredom <input type="checkbox"/> “Spacing out”/“losing time” <input type="checkbox"/> Negative self-talk <input type="checkbox"/> Increased cognitive distortions <input type="checkbox"/> Suicidal thoughts <input type="checkbox"/> Increased psychotic symptoms <input type="checkbox"/> Poor concentration <input type="checkbox"/> Ruminating about a problem or event <input type="checkbox"/> _____ 	<p>SPIRITUAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> Emptiness <input type="checkbox"/> Loss of meaning <input type="checkbox"/> Doubt <input type="checkbox"/> Being unforgiving of self or others <input type="checkbox"/> Sense of martyrdom <input type="checkbox"/> Looking for magic solutions <input type="checkbox"/> Loss of direction <input type="checkbox"/> Cynicism <input type="checkbox"/> Apathy <input type="checkbox"/> Needing to “prove” self <input type="checkbox"/> _____ <p>RELATIONAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> Isolation <input type="checkbox"/> Intolerance <input type="checkbox"/> Resentment <input type="checkbox"/> Loneliness <input type="checkbox"/> Lashing out <input type="checkbox"/> Hiding <input type="checkbox"/> Clamming up <input type="checkbox"/> Increased/decreased sex drive <input type="checkbox"/> Lack of intimacy <input type="checkbox"/> Distrust/paranoia <input type="checkbox"/> Nagging <input type="checkbox"/> Using people <input type="checkbox"/> Fewer contacts with friends <input type="checkbox"/> _____
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(Adapted from Tubesing & Tubesing, 1983)

REFERENCE

Tubesing, N., & Tubesing, D. (Eds.). (1983). Stress exhaustion symptoms. *Structured exercises in stress management* (Vol. 1, p. 20). Duluth, MN: Whole Person Associates.