**Compulsory activity: Identify your stress signals**

Tick all possible signals that could affect you when you are experiencing stress:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Behaviour** |   | **Body** |   | **Emotional**  |   |
| **Irascible** |   | Back pain |   | Fear |   |
| **Agitated**  |   | Constipation, diarrhoea stomach pain |   | Feeling down |   |
| **Sigh** |   | Tiredness |   | Frustration |   |
| **Gnash one's teeth** |   | Lack of energy |   | Irritability |   |
| **Impulsive behaviour** |   | Belching |   | Loneliness |   |
| **Repetitive behaviour** |   | Headache |   | Powerless |   |
| **Alcohol (ab)use** |   | High blood pressure |   | Concentration difficulties |   |
| **Medication (ab)use** |   | Sore muscles |   | Forgetfulness |   |
| **Eating more or less** |   | Elevated heartrate |   | Mental tiredness |   |
| **Feeling tense** |   | Breathing faster |   | Uncertainty |   |
| **Crying spells** |   | Nausea |   | Shame/guilt |   |
| **Seeking isolation** |   | Transpiration |   | Emotionality |   |
| **Biting nails** |   | Trouble sleeping  |   | Loss of interest |   |
| **Apathy**  |   | Waking up too early |   | Resentment |   |
| **Neglecting yourself** |   | Upwelling of heat |   | Hostility |   |
| **Making mistakes at work** |   | Dry mouth |   | Worry |   |
| **Complain**  |   | Trembling |   | Dissatisfaction |   |
| **Being cynical** |   | Dizziness |   | Less self-respect |   |
| **Smoke more** |   |   |   | Fixation on details |   |

Write down 3 signals that you already experienced. Start with the most important and indicate how often and how intense you experience this.

|  |  |  |
| --- | --- | --- |
| **Signal** | **Frequency** **(number of times a week)** | **Intensity (0-100)** |
|  |   |   |
|  |   |   |
|  |   |   |