

Warning Signs

that Stress is Negatively Impacting Your Life



Consider the following questions and answer “YES” or “NO” depending upon your current experience.

Changes in Your Physical Experience:

	YES	NO
1) Are you experiencing a change in appetite?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you experience chronic back pain that is not the result of an accident or specific injury?	<input type="checkbox"/>	<input type="checkbox"/>
3) Have you been diagnosed with high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
4) Do you experience breathlessness even when you have not been exerting yourself?	<input type="checkbox"/>	<input type="checkbox"/>
5) Do you ever have chest pains?	<input type="checkbox"/>	<input type="checkbox"/>
6) Do you have clammy hands when under pressure?	<input type="checkbox"/>	<input type="checkbox"/>
7) Do you experience frequent colds?	<input type="checkbox"/>	<input type="checkbox"/>
8) Are you frequently fatigued?	<input type="checkbox"/>	<input type="checkbox"/>
9) Do you experience headaches often?	<input type="checkbox"/>	<input type="checkbox"/>
10) Have you experienced a racing heart?	<input type="checkbox"/>	<input type="checkbox"/>
11) Do you find yourself clenching your jaw or unconsciously grinding your teeth even at night?	<input type="checkbox"/>	<input type="checkbox"/>
12) Do you experience frequent muscle tension in specific parts of your body, especially your shoulders?	<input type="checkbox"/>	<input type="checkbox"/>
13) Do you break out in rashes?	<input type="checkbox"/>	<input type="checkbox"/>
14) Do you experience feelings of restlessness?	<input type="checkbox"/>	<input type="checkbox"/>
15) Do you experience sleep issues? (Insomnia, sleep interruption, wanting to oversleep)	<input type="checkbox"/>	<input type="checkbox"/>
16) Do you have frequent indigestion or stomachaches?	<input type="checkbox"/>	<input type="checkbox"/>
17) Do you experience IBS (Irritable Bowel Syndrome) or frequent constipation or frequent diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>

Changes in Emotional Experience:

	YES	NO
1) Do you experience frequent bouts of anger?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you feel anxious?	<input type="checkbox"/>	<input type="checkbox"/>
3) Do you tend to deny when there are problems? (Pretending that everything is "fine" when it isn't?)	<input type="checkbox"/>	<input type="checkbox"/>
4) Do you experience feelings of depression?	<input type="checkbox"/>	<input type="checkbox"/>
5) Do you have difficulty making decisions?	<input type="checkbox"/>	<input type="checkbox"/>
6) Do you tend to be forgetful?	<input type="checkbox"/>	<input type="checkbox"/>
7) Are you generally unhappy even though you may have no specific cause to feel that way?	<input type="checkbox"/>	<input type="checkbox"/>
8) Do you feel rejected?	<input type="checkbox"/>	<input type="checkbox"/>
9) Are you easily upset?	<input type="checkbox"/>	<input type="checkbox"/>
10) Do you worry about things over which you have little or no control?	<input type="checkbox"/>	<input type="checkbox"/>
11) Do you experience feelings of being worthless?	<input type="checkbox"/>	<input type="checkbox"/>

Changes in Behavior:

	YES	NO
1) Do you frequently argue with friends or your partner?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you avoid tasks and responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>
3) Do you cry easily?	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you experienced decreased job performance?	<input type="checkbox"/>	<input type="checkbox"/>
5) Have you had trouble concentrating?	<input type="checkbox"/>	<input type="checkbox"/>
6) Have you increased your use of alcohol, tobacco, or drugs (either prescription or recreational)?	<input type="checkbox"/>	<input type="checkbox"/>
7) Have you been neglecting your appearance?	<input type="checkbox"/>	<input type="checkbox"/>
8) Have you been overeating or under eating?	<input type="checkbox"/>	<input type="checkbox"/>
9) Have you been guilty of snapping at people?	<input type="checkbox"/>	<input type="checkbox"/>
10) Have you been withdrawing from family or friends?	<input type="checkbox"/>	<input type="checkbox"/>

What Does It Mean?

If you have 10 or fewer “yes” answers, congratulations! You have a more or less “normal” stress level. Everyone HAS stress, after all. It is a natural part of life.

If you answered “yes” to more than 10 of the questions, however, you may be feeling more stressed--or even overwhelmed--which has a negative overall effect on your health, your sense of well-being, and your enjoyment of life in general.



If you are feeling overwhelmed, overburdened, or stressed to the point that your normal coping mechanisms are failing you, it may be time for a “time out.” Slow down, consider which stressors can be eliminated or reduced, and take proactive steps to reduce or at least manage your stress more effectively.

Somehow, given the fast pace of our lives, the integration of technology that has engulfed us, and the fact that many of us no longer live in close proximity of close family and support systems, we are stressed all of the time and have come to consider it to be “normal.” We even let our jobs consume our lives, mistaking what we do with who we are.

I urge you to consider that life is about more than work.

I also urge you to consider that if you are feeling stressed, if you aren't already suffering the physical effects, you will unless you decide now to take control. YOU get to decide how you want to live your life. You are not a victim of circumstances. You CAN decide to take better care of yourself.

If you need help, you may sign up for my E-Report on “Stress Management.” In it, I offer 7 (seven) strategies that you can incorporate into your life today that won't cost you anything other than some time and commitment to creating new habits in your life...habits that will support you in feeling better about yourself and will give you a feeling of empowerment because you will be taking control of your life instead of feeling that you are being controlled by outside factors.

To order the E-Report for only \$19, [click here](#).

And if you would like some personal coaching on how to create the life you want to live by creating new goals for yourself, contact me at kittyboitnott@boitnottcoaching.com or call me at 804.404.5475. You are entitled to a 30-minute complimentary strategy session. You have nothing to lose, so contact me and let's get started on getting control of the stress in your life once and for all.