

Is your lifestyle causing you stress?

The way you live your life can have a big impact on your health, well-being, and how well or poorly you handle stress. Below are lifestyle behaviors that affect stress levels. Please check the boxes that apply to you. Doing an honest assessment of how well or poorly you take care of yourself can help you manage your stress in the future.

Lifestyle Behaviors					
When you are under stress, do you:	Yes	No	When you are under stress, do you:	Yes	No
Smoke/use tobacco	<input type="checkbox"/>	<input type="checkbox"/>	Engage in physical activity at least three times a week for 30 minutes each day	<input type="checkbox"/>	<input type="checkbox"/>
Drink a lot of coffee or caffeinated drinks (more than 2-3 cups per day)	<input type="checkbox"/>	<input type="checkbox"/>	Get six to eight hours of sleep every night	<input type="checkbox"/>	<input type="checkbox"/>
Drink alcohol (more than recommended levels of 1-2 per day)	<input type="checkbox"/>	<input type="checkbox"/>	Maintain good eating habits	<input type="checkbox"/>	<input type="checkbox"/>
Overuse over-the-counter medications	<input type="checkbox"/>	<input type="checkbox"/>	Make time to relax	<input type="checkbox"/>	<input type="checkbox"/>
Overeat or under eat	<input type="checkbox"/>	<input type="checkbox"/>	Maintain a sense of humor	<input type="checkbox"/>	<input type="checkbox"/>
Spend too much money (e.g., do you have a lot of credit card debt and have trouble making payments?)	<input type="checkbox"/>	<input type="checkbox"/>	Play	<input type="checkbox"/>	<input type="checkbox"/>
Abuse/overuse tranquilizers or other over-the-counter medications	<input type="checkbox"/>	<input type="checkbox"/>	Maintain healthy rituals and routines	<input type="checkbox"/>	<input type="checkbox"/>
Watch too much television (more than 3-4 hours per day)	<input type="checkbox"/>	<input type="checkbox"/>	Be optimistic. Engage in positive thinking	<input type="checkbox"/>	<input type="checkbox"/>
Have angry outbursts	<input type="checkbox"/>	<input type="checkbox"/>	Spend time with family	<input type="checkbox"/>	<input type="checkbox"/>
Take illegal drugs	<input type="checkbox"/>	<input type="checkbox"/>	Spend time with friends	<input type="checkbox"/>	<input type="checkbox"/>
Withdraw from people	<input type="checkbox"/>	<input type="checkbox"/>	Make plans for the future	<input type="checkbox"/>	<input type="checkbox"/>
Ignore or deny stress symptoms	<input type="checkbox"/>	<input type="checkbox"/>	Figure out ways to manage stress	<input type="checkbox"/>	<input type="checkbox"/>
Engage in self-destructive relationships	<input type="checkbox"/>	<input type="checkbox"/>	Reward yourself for your accomplishments	<input type="checkbox"/>	<input type="checkbox"/>
These are negative self-care behaviors.			These are positive self-care behaviors.		

(Source: Unknown)

Self-Care Assessment

Adapted from Saakvitne, Pearlman, & Staff of TSI/CAAP (1996). *Transforming the pain: A workbook on vicarious traumatization*. Norton.

The following worksheet for assessing self-care is not exhaustive, merely suggestive. Feel free to add areas of self-care that are relevant for you and rate yourself on how often and how well you are taking care of yourself these days.

When you are finished, look for patterns in your responses. Are you more active in some areas of self-care but ignore others? Are there items on the list that make you think, "I would never do that"? Listen to your inner responses, your internal dialogue about self-care and making yourself a priority. Take particular note of anything you would like to include more in your life.

Rate the following areas according to how well you think you are doing:

- 3 = I do this well (e.g., frequently)
- 2 = I do this OK (e.g., occasionally)
- 1 = I barely or rarely do this
- 0 = I never do this
- ? = This never occurred to me

Physical Self-Care

- ___ Eat regularly (e.g. breakfast, lunch, and dinner)
- ___ Eat healthily
- ___ Exercise
- ___ Get regular medical care for prevention
- ___ Get medical care when needed
- ___ Take time off when sick
- ___ Get massages
- ___ Dance, swim, walk, run, play sports, sing, or do some other fun physical activity
- ___ Take time to be sexual - with myself, with a partner
- ___ Get enough sleep
- ___ Wear clothes I like
- ___ Take vacations
- ___ Other:

Psychological Self-Care

- ___ Take day trips or mini-vacations
- ___ Make time away from telephones, email, and the Internet
- ___ Make time for self-reflection
- ___ Notice my inner experience - listen to my thoughts, beliefs, attitudes, feelings
- ___ Have my own personal psychotherapy
- ___ Write in a journal
- ___ Read literature that is unrelated to work
- ___ Do something at which I am not expert or in charge
- ___ Attend to minimizing stress in my life
- ___ Engage my intelligence in a new area, e.g., go to an art show, sports event, theatre
- ___ Be curious

- ___ Say no to extra responsibilities sometimes
- ___ Other:

Emotional Self-Care

- ___ Spend time with others whose company I enjoy
- ___ Stay in contact with important people in my life
- ___ Give myself affirmations, praise myself
- ___ Love myself
- ___ Re-read favorite books, re-view favorite movies
- ___ Identify comforting activities, objects, people, places and seek them out
- ___ Allow myself to cry
- ___ Find things that make me laugh
- ___ Express my outrage in social action, letters, donations, marches, protests
- ___ Other:

Spiritual Self-Care

- ___ Make time for reflection
- ___ Spend time in nature
- ___ Find a spiritual connection or community
- ___ Be open to inspiration
- ___ Cherish my optimism and hope
- ___ Be aware of non-material aspects of life
- ___ Try at times not to be in charge or the expert
- ___ Be open to not knowing
- ___ Identify what is meaningful to me and notice its place in my life
- ___ Meditate
- ___ Pray
- ___ Sing
- ___ Have experiences of awe
- ___ Contribute to causes in which I believe
- ___ Read inspirational literature or listen to inspirational talks, music
- ___ Other:

Relationship Self-Care

- ___ Schedule regular dates with my partner or spouse
- ___ Schedule regular activities with my children
- ___ Make time to see friends
- ___ Call, check on, or see my relatives
- ___ Spend time with my companion animals
- ___ Stay in contact with faraway friends
- ___ Make time to reply to personal emails and letters; send holiday cards
- ___ Allow others to do things for me
- ___ Enlarge my social circle
- ___ Ask for help when I need it
- ___ Share a fear, hope, or secret with someone I trust
- ___ Other:

Workplace or Professional Self-Care

- _____ Take a break during the workday (e.g., lunch)
- _____ Take time to chat with co-workers
- _____ Make quiet time to complete tasks
- _____ Identify projects or tasks that are exciting and rewarding
- _____ Set limits with clients and colleagues
- _____ Balance my caseload so that no one day or part of a day is "too much"
- _____ Arrange work space so it is comfortable and comforting
- _____ Get regular supervision or consultation
- _____ Negotiate for my needs (benefits, pay raise)
- _____ Have a peer support group
- _____ (If relevant) Develop a non-trauma area of professional interest

Overall Balance

- _____ Strive for balance within my work-life and work day
- _____ Strive for balance among work, family, relationships, play, and rest

Other Areas of Self-Care that are Relevant to You

- _____
- _____
- _____

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http://www.ballarat.edu.au/aasp/student/sds/self_care_assess.shtml and adapted by Lisa D.
Butler, Ph.D.)

My Maintenance Self-Care Plan Worksheet

Consider what you do now for self-care and list those activities within each dimension of self-care on this worksheet (or you can add new dimensions at the end that represent other aspects of your life). Identify new strategies that you will begin to incorporate as part of your ongoing maintenance self-care plan — pay particular attention to domains that you have not been addressing in the past. On the last page identify barriers that might interfere with ongoing self-care, how you will address them, and any negative coping strategies you would like to target for change.

<p style="text-align: center;"><u>MIND</u></p> <p>Current practice</p> <p>New practice</p>	<p style="text-align: center;"><u>BODY</u></p> <p>Current practice</p> <p>New practice</p>
<p style="text-align: center;"><u>EMOTIONS</u></p> <p>Current practice</p> <p>New practice</p>	<p style="text-align: center;"><u>SPIRIT</u></p> <p>Current practice</p> <p>New practice</p>

My Maintenance Self-Care Plan Worksheet

<u>WORK</u>	<u>RELATIONSHIPS</u>
Current practice New practice	Current practice New practice
<u>OTHER:</u> _____ Current practice New practice	<u>OTHER:</u> _____ Current practice New practice

My Maintenance Self-Care Plan Worksheet

<p>Barriers to maintaining my self-care strategies</p>	<p>How I will address these barriers and remind myself to practice self-care</p>
<p>Negative coping strategies I would like to use less or not at all</p>	<p>What I will do instead</p>

(Adapted by Shirley Reiser, LCSW and Lisa D. Butler, PhD from materials provided by Sandra A. Lopez, LCSW, ACSW, University of Houston, Graduate School of Social Work.)