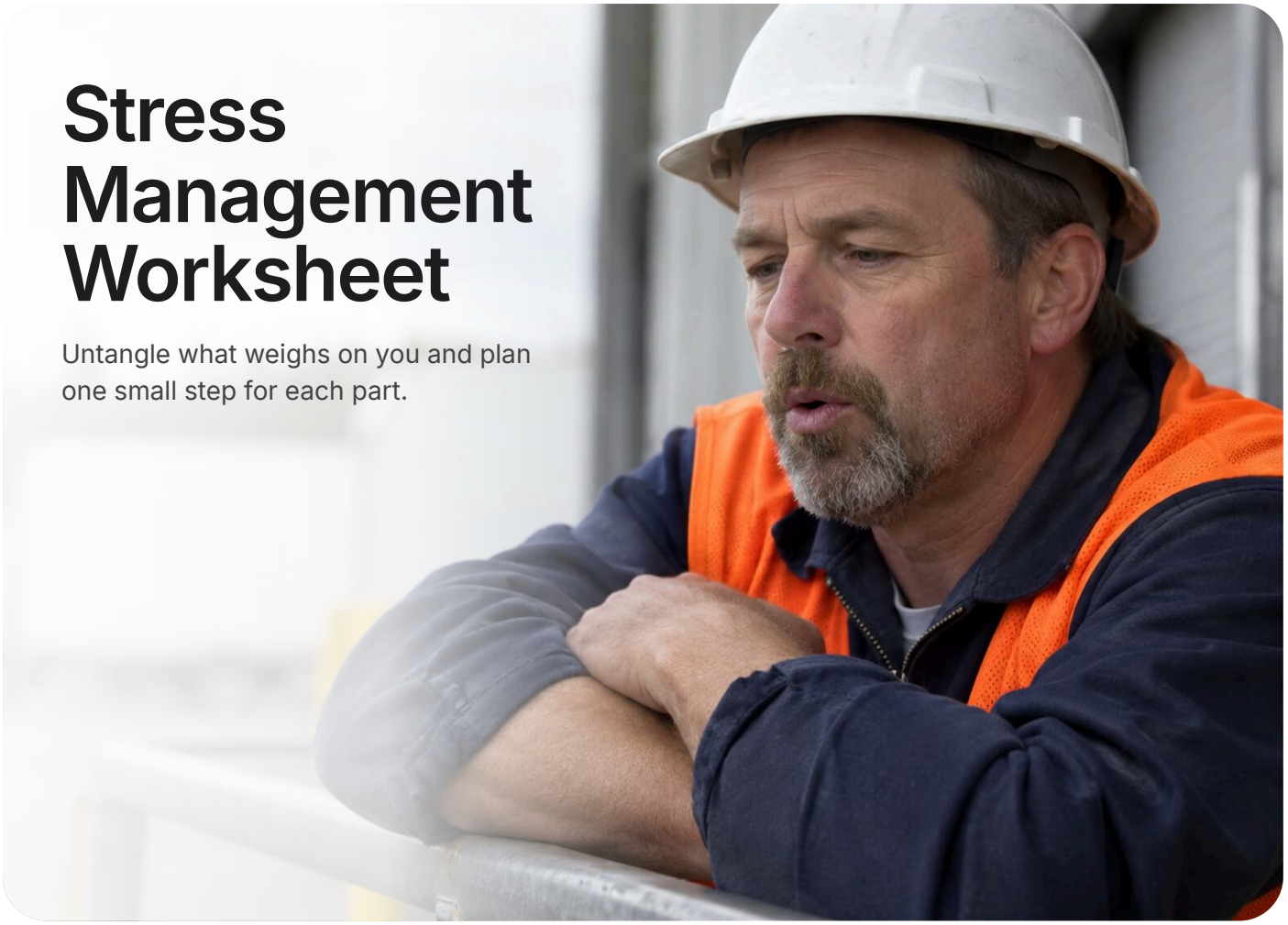
Stress Management Worksheet

Untangle what weighs on you and plan one small step for each part.



WHY IT HELPS

Stress often feels like one heavy load. Listing each source on its own line and sorting it by how much control you have shows where an action will help, and where looking after yourself is the step that fits.

HOW TO USE IT

List	Write each source of stress.
Sort	Mark how much control you have.
Act	Plan one small step for each.

INSIDE

2	A filled-in example	3	My stress list
4	My stress signs	5	Four week review

Start with one line. You do not need to fix the whole list this week. One action you finish beats five you plan.

NAME
Tom, warehouse supervisor

DATE
Sunday, May 4

1 List and sort

One line for each thing that weighs on you.

WHAT IS STRESSING ME	HOW MUCH CONTROL I HAVE	ONE SMALL ACTION	DONE
Overtime this month	Partly	Ask to swap two late shifts	☑
Mom's appointments	Partly	Book her visits for Fridays	☑
Mom's new diagnosis	Out of my hands	Sunday call with my sister	☑
Car repair bill	Can change	Set up a payment plan	☐
No time to exercise	Can change	Walk at lunch Tue and Thu	☑
Son's grades slipping	Partly	One calm talk this weekend	☐

2 Signs I noticed this week

- [x] Poor sleep
- [ ] Headaches
- [x] Tight shoulders or jaw
- [ ] Upset stomach
- [ ] Worry that loops
- [ ] Trouble concentrating
- [x] Forgetting things
- [ ] Feeling on edge
- [x] Short temper
- [ ] Eating more or less
- [ ] More alcohol or caffeine
- [ ] Pulling away from people

3 My stress rating, 0 to 10

Rate the whole week each Sunday.

WEEK 1	WEEK 2	WEEK 3	WEEK 4
8	7	7	6

WHAT HELPED MOST
The lunch walks and the call with my sister

WHAT I WILL CHANGE NEXT
Ask for the shift swap in writing

My stress list

Write each source of stress on its own line. Mark how much control you have, then choose one small action you can take this week.

WHAT IS STRESSING ME	HOW MUCH CONTROL I HAVE	ONE SMALL ACTION	DONE
	Can change / Partly / Out of my hands		☐
	Can change / Partly / Out of my hands		☐
	Can change / Partly / Out of my hands		☐
	Can change / Partly / Out of my hands		☐
	Can change / Partly / Out of my hands		☐
	Can change / Partly / Out of my hands		☐
	Can change / Partly / Out of my hands		☐
	Can change / Partly / Out of my hands		☐
	Can change / Partly / Out of my hands		☐
	Can change / Partly / Out of my hands		☐
	Can change / Partly / Out of my hands		☐
	Can change / Partly / Out of my hands		☐
	Can change / Partly / Out of my hands		☐

For the things out of your hands, pick an action that looks after you, such as a talk, a walk or a set time to worry.

My stress signs

Tick the signs you notice when stress builds. Knowing your early signs lets you act sooner.

Body

- [ ] Poor sleep
- [ ] Headaches
- [ ] Tight shoulders or jaw
- [ ] Upset stomach
- [ ] Tired all the time
- [ ] Racing heart
- [ ] OTHER

Mind

- [ ] Worry that loops
- [ ] Trouble concentrating
- [ ] Forgetting things
- [ ] Feeling on edge
- [ ] Feeling low
- [ ] OTHER

Behavior

- [ ] Short temper
- [ ] Eating more or less
- [ ] More alcohol or caffeine
- [ ] Pulling away from people
- [ ] Putting things off
- [ ] OTHER

MY EARLIEST SIGN

WHAT I WILL DO WHEN I NOTICE IT

PLACES OR TIMES STRESS IS WORST

PEOPLE I CAN TALK TO

1 My plan for a hard day

Four week review

Rate your stress once a week from 0 (none) to 10 (the most you can imagine). Then look back at what changed.

1 My weekly rating

WEEK 1	WEEK 2	WEEK 3	WEEK 4

2 Actions that helped

3 Actions to drop or change

FOR MY NEXT APPOINTMENT

What I want to raise with my doctor or care team.

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