

STRESSOR SCORECARD

(Check what applies)



EMOTIONAL STRESS

- nonprofit worker
- low-income
- female
- person of color
- LGBTQIA
- immigrant
- political minority
- religious minority
- divorce/relationship

Add yours _____



PHYSICAL & CHEMICAL STRESS

- Accident/physical trauma
- Caretaker (kids, parents)
- ACE exposure (as child)
- Secondary trauma
- Chronic illness
- Housing insecure
- In/visible disability
- Food intolerance

Add yours _____



_____ TOTAL SCORE
(Each box checked=1)

*No matter your score, you can learn how to re-frame or reduce stress.
Time to develop your Personal Prescription.*



PERSONAL PRESCRIPTION

Increase or decrease your dosage

- Family/Kids _____
- Dance _____
- Spirituality _____
- Mindfulness _____
- Pleasure Principle _____
- Friendships _____
- Play/Joy _____
- Exercise _____
- Gratitude _____
- Planning Vacations _____
- Sleep/Rest _____
- Laughter/Smiling _____
- Taking Breaks, esp. in Nature _____
- Visual or Performing Arts _____
- Listening to or Playing Music _____
- Hydration/Nutrition _____
- Crafting _____
- Animal Love _____

Name Date

Signature

