

30-day Stress Log

from the National Consumers League

If you think there may be too much stress in your life, talk to your doctor. But before your next office visit, complete this Stress Check-up Sheet.

Remember to bring it along when you meet with the doctor, and it may help you discuss your concerns about stress and stress-related ailments.

During the next 30 days, identify how often you experience the following stress-related ailments, how you treated the symptoms, and the result of your treatment.

For more information about managing stress, visit www.nclnet.org.



The National Consumers League thanks Bristol-Myers Squibb for an unrestricted educational grant.

Ailment	Treatment	Result
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Headaches	_____	_____
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Short temper	_____	_____
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Difficulty concentrating	_____	_____
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Difficulty sleeping	_____	_____
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Fatigue	_____	_____
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Irritability	_____	_____
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Relationship problems	_____	_____
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Sexual problems	_____	_____
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Upset stomach	_____	_____
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Burning in stomach	_____	_____
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Diarrhea	_____	_____
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Muscle tension	_____	_____
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Twitching or trembling	_____	_____
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Dizziness	_____	_____
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Rapid/irregular heart rate	_____	_____
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Rapid breathing	_____	_____
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Sweating	_____	_____
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Dry mouth	_____	_____
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Difficulty swallowing	_____	_____
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Do you recall when you started feeling stressed? How long ago in months?

Has your stress been constant since it began?

Do you see a resolution or an end to the stress coming soon?

Do you feel more stressed today than you did one year ago? Five years ago?

What medications are you taking?

Prescription

Over-the-Counter

Cold remedies

Allergy medications

Decongestants

Sinus medications

Appetite suppressants

Other

Herbal (supplements and natural remedies, like St. John's Wort)

Have you stopped taking any medications or herbal remedies lately?

Would you say you eat a healthy diet overall?

How much caffeine do you consume in a single day?

Have you recently reduced or eliminated your caffeine intake?

Have you recently stopped smoking?

How much alcohol do you consume in a week?

Do you sleep enough? On average, how many hours per night?

Are you exercising? What kind of exercise and how often?

What relieves your stress?

Other notes: