



Dr. Olivia Greenspan ND

**DATE:**

# Stress Inventory

Complete this worksheet after completing module 5 and 1 month after implementing resiliency strategies

Rate your stress on a scale of 0 - 10 ( 0 = none, 10 = worst stress)

**Identify your stressors/triggers?**

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**How is stress impacting you?**

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**Coping Tactics - helpful or harmful?**

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**List 1-3 strategies you can commit to doing on a daily basis**

- 1.
- 2.
- 3.