include worry, a feeling of being overwhelmed, increased heart rate, headaches, sleep difficulties procrastination, and more. Describe your largest source of stress, in detail. Briefly list two other stressors you are experiencing.	STRESS MANAGEMENT				
Briefly list two other stressors you are experiencing. 1 2 Circle any symptoms you have experienced in response to stress! ANGER ANXIETY DESCREASED SEX DRIVE DRUG OR ALCOHOL USE FATIGUE INDIGESTION MUSCLE TENSION NAIL BITING OVER OR UNDER EATING	Stress: an emotional and physical response to demanding situations, including symptoms that may include worry, a feeling of being overwhelmed, increased heart rate, headaches, sleep difficulties, procrastination, and more.				
Circle any symptoms you have experienced in response to stress! ANGER ANXIETY DESCREASED SEX DRIVE DRUG OR ALCOHOL USE FATIGUE INDIGESTION MUSCLE TENSION NAIL BITING OVER OR UNDER EATING	Describe your largest source of stress, in detail.				
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ANGER ANXIETY DESCREASED SEX DRIVE DRUG OR ALCOHOL USE FATIGUE INDIGESTION MUSCLE TENSION NAIL BITING OVER OR UNDER EATING	2				
DRUG OR ALCOHOL USE FATIGUE INDIGESTION MUSCLE TENSION NAIL BITING OVER OR UNDER EATING	Circle any symptoms you have experienced in response to stress!				
MUSCLE TENSION NAIL BITING OVER OR UNDER EATING	ANGER		ANXIETY	DESCREASED SEX DRIVE	
	DRUG OR ALCOHOL USE		FATIGUE	INDIGESTION	
PROCRASTINATION SLEEP DIFFICULTIES SOCIAL WITHDRAWAL	MUSCLE TENSION		NAIL BITING	OVER OR UNDER EATING	
	PROCRASTINATION		SLEEP DIFFICULTIES	SOCIAL WITHDRAWAL	

TEETH GRINDING

TEETH WITHDRAWAL

WORRY