



Self-Care Plan

The Self-Care Plan is for personal use. There are no “right” answers to any of the questions below. The purpose of this plan is to help you care for yourself while in stressful situations.

Causes of Stress

1. What are your day-to-day stresses?

2. When do you move from experiencing day-to-day stress to cumulative stress?

3. Have you ever experienced vicarious/secondary stress? If so, what caused it?

Stress Indicators

1. How do you recognize when you are stressed? What do you look like?

2. How do you act? What do you feel?

Self-Assessment

Day-to-Day Stress Self-Assessment Questionnaire

These questions relate to your everyday life. When answering, consider what stress you are experiencing (or will experience) in the short-term.

Do you frequently do any of the following? Check all that apply.

| | |
|---|--|
| Neglect your diet | |
| Try to do everything yourself | |
| Anger easily | |
| Set unrealistic goals | |
| Not find the humour in situations others find funny | |
| Become easily irritated | |
| Make a “big deal” of things | |
| Complain that you are disorganized | |
| Neglect your emotions | |
| Neglect exercise | |
| Have few supportive relationships | |
| Neglect sleep or rest | |
| Become angry when you are kept waiting | |
| Ignore signs of stress | |
| Procrastinate | |
| Think there is only one right way to do something | |
| Neglect to build relaxation into every day | |
| Spend a lot of time complaining about the past | |
| Race through the day | |
| Feel unable to cope with all you have to do | |
| Total: | |

Results:

1–6 = Your basic stress level is low and easily managed.

7–12 = You have fairly good stress management on a day-to-day basis.

13–17 = Your basic stress is high and above a comfortable level.

18+ = You have enough factors to put you in distress and should seek help.

Cumulative Stress Self-Assessment Questionnaire

Rate each question in terms of how true it was for you in the last month with regards to your work.

- 0 = Never
- 1 = Occasionally
- 2 = Quite often
- 3 = Frequently
- 4 = Almost always

| | |
|---|--|
| Do you tire easily even when you have had enough sleep? | |
| Do minor inconveniences make you irritable or impatient? | |
| Do you feel increasingly critical, cynical, or disenchanted? | |
| Are you affected by sadness you can't explain? | |
| Are you forgetting appointments, deadlines, or personal possessions? | |
| Do you find yourself wanting to be alone? | |
| Do routine things seem like an effort? | |
| Are you suffering from physical conditions such as stomach aches, headaches, lingering colds, or general aches and pains? | |
| Do you feel confused or disoriented when the activity of the day stops? | |
| Have you lost interest in activities that you previously enjoyed? | |
| Do you have little enthusiasm for your work? | |
| Are you less efficient than you think you should be? | |
| Are you eating more (or less), smoking more, or using more alcohol or drugs to cope? | |

Results:

0–15 = Suggests you are coping adequately with the stress.

16–25 = Suggests you are suffering from work stress and would be wise to take action.

26–35 = Suggests possible burnout.

35+ = Indicates probable burnout.

You can use this questionnaire to check in with yourself next time you are in a stressful situation.

Support Systems

Personal Factors

If you know you will be entering a stressful environment, it's helpful to identify your personal factors beforehand. They work together to keep you balanced. Some of these factors will be the links within your self support system.



