

Stressful Events / Circumstances Checklist

Take a moment to reflect on your life to date. Select the stressful events listed below that apply to your personal life and history. Think about which of these stressful events have made the biggest impact on your life.

<input checked="" type="checkbox"/> Stressful Events:	
<input type="checkbox"/> Job stress	<input type="checkbox"/> Substance use / abuse
<input type="checkbox"/> Job termination	<input type="checkbox"/> Gambling
<input type="checkbox"/> Lack of direction in your work	<input type="checkbox"/> Addictions
<input type="checkbox"/> Poor career choices	<input type="checkbox"/> Overweight / obesity
<input type="checkbox"/> Overwork / exhaustion	<input type="checkbox"/> Sexual dysfunction / dissatisfaction
<input type="checkbox"/> Financial difficulties	<input type="checkbox"/> Lack of exercise
<input type="checkbox"/> Lack of social support	<input type="checkbox"/> Smoking
<input type="checkbox"/> Loss of a loved one	<input type="checkbox"/> Obsessive thinking
<input type="checkbox"/> Separation / divorce	<input type="checkbox"/> Growing old
<input type="checkbox"/> Being in an abusive relationship	<input type="checkbox"/> Losing status / respect
<input type="checkbox"/> Boredom	<input type="checkbox"/> Chronic pain
<input type="checkbox"/> Loneliness	<input type="checkbox"/> Permanent / temporary disability
<input type="checkbox"/> Loss of custody of your child	<input type="checkbox"/> Health problems of a family member
<input type="checkbox"/> Poor relationships with your children	<input type="checkbox"/> Past abuse and trauma
<input type="checkbox"/> Poor relationships with your parents	<input type="checkbox"/> High expectations of self
<input type="checkbox"/> Postnatal stress / depression	<input type="checkbox"/> Self-harm / self-abuse
<input type="checkbox"/> Mental illness	<input type="checkbox"/> Self-neglect
<input type="checkbox"/> Anger issues	<input type="checkbox"/> Low confidence
<input type="checkbox"/> Perfectionism	<input type="checkbox"/> Low self-esteem
<input type="checkbox"/> Lack of assertiveness	<input type="checkbox"/> Excessive responsibility
<input type="checkbox"/> Difficulty communicating with others	<input type="checkbox"/> Impulsivity / Unhelpful impulsive behaviours
<input type="checkbox"/> Control issues	<input type="checkbox"/> Other:

Which of these events have been the main sources of tension, stress and anxiety for you throughout your life?


