My Stress Map

List what is on your plate, sort what you can change, and notice how stress shows up in you.

Name: _____ **Date:** _____

1 My stress load right now

Write each stressor, rate it 0 to 10 and tick whether any of it is yours to change

What is stressing me	How much (0 to 10)	Yes	Partly	No
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐

2 How stress shows up in me

One or two notes in each box, in your own words

Body
Tight jaw, headache, stomach, sleep

Thoughts
What my mind keeps saying

Feelings
Irritable, worried, flat, overwhelmed

Actions
What I do more or less of

3 My early warning signs

Tick the ones that show up first for you

- ☐ Sleeping badly
- ☐ Snapping at people
- ☐ Skipping meals or overeating
- ☐ Can't switch off
- ☐ More drink or scrolling
- ☐ Putting things off
- ☐ Dropping exercise
- ☐ Getting sick more

4 What helps and what backfires

Be honest. Some habits feel good now and cost later

What already helps me	What backfires later

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My Stress Plan

Change what you can, ease what you can't, and build small resets into every day.

Name: _____ **Date:** _____

1 Change what I can

For the Yes and Partly stressors: one small, concrete step each

Stressor	One small step	When

2 Ease what I can't change

For the No stressors: pick at least one idea from each box

Calm the body
Slow breathing, a walk, a stretch

Shift the thought
What would I tell a friend?

Make room for it
Name it, allow it, carry on

Connect
Who can I talk to or be with?

3 My daily resets

Two to five minutes each. Small and repeatable beats big and rare

Morning

Midday

Evening

4 My 7 day stress check

Rate each evening, 0 to 10, and tick if you did a reset

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Stress 0 to 10							
Did a reset	☐	☐	☐	☐	☐	☐	☐

Good to know

1. Not a test or a diagnosis. This page is not the Perceived Stress Scale and gives no score.
2. Most stress needs both kinds of coping: changing what you can and easing what you can't.
3. If stress, worry or low mood get in the way of daily life most days for two weeks or more, talk to a doctor or therapist.

If you are thinking about suicide or feel unsafe, in the US call or text 988 now.

I will look at this plan again on: _____

Someone who can help me stick to it: _____

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