Your Stress Audit Worksheet

Part 1

List in the table below those areas in your life which you feel are currently a source of stress. What is the impact of these stresses on you and your energy? What symptoms do you experience during these times of stress?

Areas of my life that feel stressful	**The impact of these stresses are …..**	**I experience the following symptoms as a result of these stresses……**

©The Life Waves Practice 2016

Part 2

Choose 2 or 3 of those things that you feel are causing you the most anxiety. For each note down ways you can reduce the stress

The things that are causing me the most anxiety are …….	**I can reduce the stress by…….**

©The Life Waves Practice 2016