



HEALTHY GREEN ATHLETE

Stress Management Toolbox

My top 3 sources of stress right now are:

- _____
- _____
- _____

Do you regularly experience any of the following symptoms of stress?

- | | |
|---------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Dizziness when standing | <input type="checkbox"/> Disorganized thoughts |
| <input type="checkbox"/> Frequent infections or illness | <input type="checkbox"/> Increased appetite |
| <input type="checkbox"/> Low libido | <input type="checkbox"/> Decreased appetite |
| <input type="checkbox"/> Sexual dysfunction | <input type="checkbox"/> Unexplainable weight gain or weight loss |
| <input type="checkbox"/> Infertility | <input type="checkbox"/> Perceived loss of control |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Low self-esteem |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Nervousness |
| <input type="checkbox"/> Nutrient deficiencies | <input type="checkbox"/> Cold sores |
| <input type="checkbox"/> GI issues | <input type="checkbox"/> Acne |
| <input type="checkbox"/> Joint pain and/or swelling | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Irritability | <input type="checkbox"/> Emotional eating |
| <input type="checkbox"/> Headaches/migraines | <input type="checkbox"/> Lethargy and fatigue |

How will you reduce or eliminate your top sources of stress?

Do you consume any nutritional aids to assist your body in adapting to stress?
If yes, list them here.

