Center for Integrated Healthcare

VA HEALTH CARE | Defining EXCELLENCE in the 21st Century

Information from your Patient Aligned Care Team

Your Physical Reactions to Stress

Complete this form between now and your next appointment for all the stressful experiences you have and for the physical reactions, symptoms, or sensations you notice before, during, or after the stressful event.

Here's an Example of How to Complete the Form:

Date/Time	Stressful Situation or Event	Your Physical Reaction, Symptoms, or Sensations	Highest Intensity 0–10	Minutes Before Intensity Lessened to Below 2
3/3/07 @ 8:00	Overslept 45 minutes	Tight chest, trembling	7 or 8	60 to 120

Your Monitoring Form

Date/Time	Stressful Situation or Event	Your Physical Reaction, Symptoms, or Sensations	Highest Intensity 0–10	Minutes Before Intensity Lessened to Below 2

The Center for Integrated Healthcare thanks Christopher Hunter, PhD, ABPP, et al. for use of the above information taken from *Integrated Behavioral Health in Primary Care* by C.L. Hunter, J.L. Goodie, M.S. Oordt & A.C. Dobmeyer. Published by the American Psychological Association, Washington, DC, 2009.