APPENDIX H. Self-Monitoring Checklist



Developed by the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration, this checklist is a useful tool for measuring stress levels during and following a public health emergency. Check off anything that pertains to feelings, thoughts, or behaviors in the last 24–48 hours. Experiencing a few of these symptoms may not be a problem, but experiencing several from each category may indicate the need to reduce stress.

BEHAVIORAL

☐ I am more or less active than normal.
☐ I am not as effective or efficient as usual.
$\hfill \square$ People do not seem to understand what I am trying to say.
☐ I feel irritable or angry all the time.
☐ I cannot seem to rest, relax, or calm down.
$\ \square$ I am eating a lot more/less than usual.
☐ I have trouble sleeping/am sleeping too much.
$\ \square$ I cry a lot or feel like crying all the time.
$\hfill \square$ I am drinking or smoking more than I usually do.
PHYSICAL
☐ My heart seems to beat fast all the time.
My heart seems to beat fast all the time.I have an upset stomach, nausea, or diarrhea more often than normal.
☐ I have an upset stomach, nausea, or diarrhea more often
☐ I have an upset stomach, nausea, or diarrhea more often than normal.
 I have an upset stomach, nausea, or diarrhea more often than normal. I have been gaining/losing a lot of weight.
 I have an upset stomach, nausea, or diarrhea more often than normal. I have been gaining/losing a lot of weight. I perspire more than normal or often have chills.
 I have an upset stomach, nausea, or diarrhea more often than normal. I have been gaining/losing a lot of weight. I perspire more than normal or often have chills. I have been having headaches.
 I have an upset stomach, nausea, or diarrhea more often than normal. I have been gaining/losing a lot of weight. I perspire more than normal or often have chills. I have been having headaches. I have sore or aching muscles.
 I have an upset stomach, nausea, or diarrhea more often than normal. I have been gaining/losing a lot of weight. I perspire more than normal or often have chills. I have been having headaches. I have sore or aching muscles. My eyes are more sensitive to light.

□ I jump at loud noises or when people come up behind me.

☐ I cannot get rid of this cold/I feel I am coming down with

☐ My allergies, asthma, arthritis, or other chronic health

condition(s) have been bothering me more than usual.

□ I sleep okay, but I am still tired.

the flu.

PSYCHOLOGICAL/EMOTIONAL

☐ I have been on a natural high/an adrenaline rush for day
☐ I often feel anxious or fearful.
☐ I cannot keep my mind on my work.
☐ I feel sad, moody, or depressed.
☐ I have been having disturbing dreams.
$\hfill \square$ I feel guilty about what the survivors are going through.
☐ I feel overwhelmed, helpless, or hopeless.
☐ I feel isolated, lost, or alone.
☐ No one seems to understand or appreciate me.
COGNITIVE
☐ I am having trouble remembering things.
☐ I get confused easily.
$\ \square$ I cannot figure things out as quickly as I usually do.
$\hfill \square$ I keep making mistakes or cannot make decisions well.
☐ I have trouble concentrating.
☐ I cannot quit thinking about the disaster or incident.
SOCIAL
☐ I do not want to be around people.
☐ I do not want to listen to people.
☐ Trying to work with the group seems like a waste.

REFERENCE

□ I do not like to ask for help.

☐ People seem so slow or unresponsive.

Carter, N.C. (2001, draft). Stress management handbook for disaster response and crisis response personnel. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.