



## Stress Input Form

Name \_\_\_\_\_ Date \_\_\_\_\_

How would you rate your stress levels on a scale of 1-10, 10 being the worst? \_\_\_\_\_

When did you start noticing this stress? \_\_\_\_\_

Was there a specific incident that caused it to start? \_\_\_\_\_

Where do you feel your stress in your body? \_\_\_\_\_

What do you currently do to manage your stress? \_\_\_\_\_

What do you find most effective? \_\_\_\_\_

Stress is another form of fear, what are you most afraid of? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Of that list, what would you consider your #1 fear? \_\_\_\_\_

Please finish this sentence for me. If (#1 fear) happens, I'm afraid that \_\_\_\_\_

\_\_\_\_\_

And if that happens I'm afraid that \_\_\_\_\_

Continue asking until you get to their root fear. That's what you'll want to work on in session.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_