

## Self-Regulation: Identifying Stressors 2

**Instructor:** Present this short strengths assessment as the student participates in a employment experience, school-based vocational experience, community service or volunteer activity, extracurricular activity, individual or group activity, etc.

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

	1 NEVER	2 SOMETIMES	3 MOST OF THE TIME	4 ALWAYS
1) Do I recognize when I feel overly tired or fatigued when I am working?				
2) If I am feeling overly tired, do I use any strategies to feel better so I can keep working?				
3) Do I recognize when I am feeling physical pain?				
4) Do I know what to do when my feelings of pain interfere with my ability to work?				
5) Do I go to my instructor/supervisor to report if I am feeling serious physical pain?				
6) If I am feeling hunger, do I use any strategies (e.g. keeping snacks in a bag) to deal with my hunger?				
7) Sometimes people get sick while at work or during school . Am I able to recognize when I am starting to feel sick?				
8) If I realize I am feeling too sick to continue working, do I go to my instructor/supervisor to report this?				
9) Am I able to describe my symptoms adequately to my instructor/ supervisor so they will know how to help me?				

	1 NEVER	2 SOMETIMES	3 MOST OF THE TIME	4 ALWAYS
10) Sometimes things going on in the environment around me may make me feel stressed. This might include such things as irritating lighting or sounds, feeling too hot or cold, or visual distractions. Am I able to recognize when something in my environment is bothering me and making me feel stressed?				
11) Can I identify what things going on around me are making me feel stressed?				
12) Can I report to my instructor/supervisor what is bothering me and ask for their help with the situation?				