Worksheet | Behavioral Stress Tolerance Plan

Directions:
Answer each of the questions as honestly as you can. The goal of this worksheet is to help you maintain areas of wellness, understand early warning signs of stress, and identify areas of support to help you.

1. Maintenance Plan:
   How do you feel when you feel well?

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

   List Everything you need to do to maintain wellness:

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

2. Triggers:
   List events or situations that may cause symptoms to begin:

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

   What will you do when triggers occur?

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. Early Indicators:
   Signs situation is worsening:

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

   What should you do if these early indicators occur?

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

4. Worsening of Symptoms:
   What will you do if this situation continues to escalate?

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
5. Stress Tolerance Plan:
   Who are my supports?

   What medication works? What medication does not work?

   What are treatments that work? What are treatments that do not work?

   Where can I go in my community (home/community resource)?

   What treatment facilities are options for me?

   What help do I need from my supporters?

   How do my supporters know I am better?

6. Post Plan Planning:
   Describe feelings, behaviors, and activities that indicate healing is occurring: