

Self Care Assessment

Developing your own early warning system

List how you notice the impact of your experiences and your body's stress response. Use the examples below to identify your own early warning signs.

Personal impact of chronic and traumatic stress

Cognitive: spacey, apathy, trouble concentrating, self-doubt, racing mind

Emotional: powerlessness, anxiety, guilt, depression, hypersensitivity

Behavior: irritable, moody, withdrawn, trouble sleeping, losing things

Spiritual: loss of purpose, questioning beliefs and/or the meaning of life

Interpersonal: mistrust, isolation, intolerance, loneliness

Physical: shock, sweating, rapid heartbeat, difficulty breathing, pain, numbness, digestive issues

Professional impact of chronic and traumatic stress

Performance of job tasks: mistakes, perfectionist standards, low motivation

Morale: loss of interest, dissatisfaction, negative attitude, demoralization

Interpersonal: withdrawal from colleagues, impatience, poor communication, staff conflicts

Behavioral: absenteeism, exhaustion, poor judgment, irresponsibility, overworking

My early warning signs

Green Slightly overloaded	Yellow Feeling the impact and struggling	Red Headed for a total crash

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Hope Chaplain note: This is a reflection worksheet, not a diagnosis. New or severe physical symptoms need medical evaluation. Call 911 for a life-threatening emergency.

Healthy Coping Strategies

A checklist for the moments you need support

Check the ideas you would like to try. Choose one or two for today; you do not have to do them all. Keep what helps and adapt or skip what does not.

Settle your body

- ☐ Breathe gently at a comfortable pace, without a forced hold.
- ☐ Relax your jaw, lower your shoulders, and soften your hands.
- ☐ Take a short walk, stretch, or move in a way that fits your body.
- ☐ Make time for a drink of water, a meal, or needed rest.

Bring your attention to the present

- ☐ Notice a few things you can see, hear, or feel around you.
- ☐ Notice an anxious thought, name it, and return to one useful task.
- ☐ Use a steadying phrase: 'I can take one small step.'
- ☐ Picture a comforting place or someone who cares about you.
- ☐ Listen to music, read, draw, or do a simple, familiar activity.

Connect and make room for what matters

- ☐ Talk with a trusted friend, family member, peer, or chaplain.
- ☐ Express yourself through writing, art, music, or conversation.
- ☐ Spend a little time outdoors or with a pet.
- ☐ If meaningful to you, pray, reflect, or read a comforting scripture.
- ☐ Ask for practical help with one task or responsibility.

Add three of your own

- ☐ _____
- ☐ _____
- ☐ _____

My next small step

Today I will: _____

Someone I can reach out to: _____

Sources NIMH: [Caring for Your Mental Health](#) | NHS: [Mindfulness](#)

Stress Reduction

Small ways to steady yourself

When stress builds, begin with one manageable action. These practices may help you settle and choose your next step. Try them when things are calmer, too.

1 Breathe gently

Find a supported position. Let your shoulders relax. Breathe in gently through your nose and out through your mouth, if comfortable. Use an easy, unhurried rhythm; no breath hold is needed.

Your diaphragm moves as air enters your lungs, allowing your abdomen to rise gently. Air goes into your lungs, not your stomach. Avoid forcing a deep breath. If you feel dizzy or more distressed, stop and return to your usual breathing.

2 Notice where you are

Try naming 5 things you see, 4 you feel, 3 you hear, 2 you smell, and 1 you taste. Use whichever senses are available and comfortable. You can also describe an object, feel your feet against the floor, or name objects of one color.

3 Release some tension

- Unclench your jaw and hands. Gently stretch or take a short walk.
- Try gently tightening and releasing one muscle group at a time. Skip painful or injured areas; simply relaxing them is enough.

4 Give your attention a resting place

- Listen to music, read, water a plant, play with a pet, or do a familiar task.
- Notice a worry without arguing with it. Return to what you can do now.
- If helpful, use a brief prayer or phrase such as 'One step at a time.'

5 Reach toward support

Connect with someone you trust. Ask for company or help with a practical need. If stress keeps interfering with sleep, relationships, work, or daily care, contact a health care professional. A chaplain can offer spiritual care and help you connect with support.

One thing I will try today

Sources NHS: Breathing Exercises for Stress | Guy's and St Thomas' NHS: Abdominal Breathing | NHS inform: Grounding Exercises | NIMH: I'm So Stressed Out!

Coping With Anxiety

Begin with the next few minutes

Anxiety can arise with stress, uncertainty, loss, or a difficult experience. It can affect your thoughts and your body, even when there is no immediate threat. You are not alone, and support is available. Try one of these steps at your own pace.

1 Orient to the present

Look around and notice where you are. If it is safe to do so, pause in a quieter place and feel the support of the chair or floor.

- Name 5 things you see, 4 you feel, 3 you hear, 2 you smell, and 1 you taste.
- Adapt the exercise to your senses and surroundings. You can simply describe a familiar object or name three colors.

2 Let your breathing stay comfortable

Breathe in and out gently, without forcing a deep breath or holding it. If counting helps, choose a short, easy count for each breath. Your breathing does not need to match a particular number.

If focusing on breathing increases discomfort or makes you lightheaded, return to your usual breathing and focus on something you can see or touch.

3 Respond kindly to anxious thoughts

- Notice the thought: 'I am having the thought that I cannot cope.' A thought is not the same as a fact.
- Ask, 'What do I know right now? What would I say to someone I care about?'
- Try a balanced phrase: 'This is difficult, and I can ask for help with the next step.'
- Write down a worry. If there is an action you can take, make it small and specific.

Give yourself permission to pause

A short walk, gentle stretch, quiet music, or a familiar task may help. Choose what feels supportive; you do not have to make every feeling disappear before asking for care.

Build support around you

You do not have to carry anxiety by yourself. Small routines and caring relationships can support you alongside professional care when it is needed.

4 Care for daily needs

- Make room for regular meals, water, and a workable sleep routine.
- Choose movement that fits your energy and abilities.
- Notice whether caffeine worsens your anxiety; consider reducing it.
- Keep one manageable activity that gives you meaning or enjoyment.

5 Connect with people and hope

'Cast all your anxiety on Him because He cares for you.' - 1 Peter 5:7

You are welcome to bring your questions and struggles. Seeking professional help can be part of caring for yourself.

- Tell a trusted person what is happening. Be specific: 'Could you sit with me?' or 'Could you help me find a counselor?'
- If faith is a source of comfort, make room for prayer, scripture, quiet reflection, or time with your faith community.
- A chaplain can listen, offer spiritual care, and help you find further support.

6 Know when to seek more help

Contact a health care professional if anxiety persists, gets worse, disrupts daily life, or leads you to avoid important activities. You can ask for help before it becomes overwhelming. A clinician can discuss treatment options with you.

Do not assume new or severe physical symptoms are anxiety. Seek medical advice; call 911 for a medical emergency or immediate danger.

Support right now United States

For emotional distress, thoughts of suicide, or a mental health crisis, call or text 988, or visit 988lifeline.org. Free, confidential support is available 24/7.

For immediate danger or a life-threatening emergency, call 911.

My next step

Someone I can contact: _____

One thing I can ask for: _____

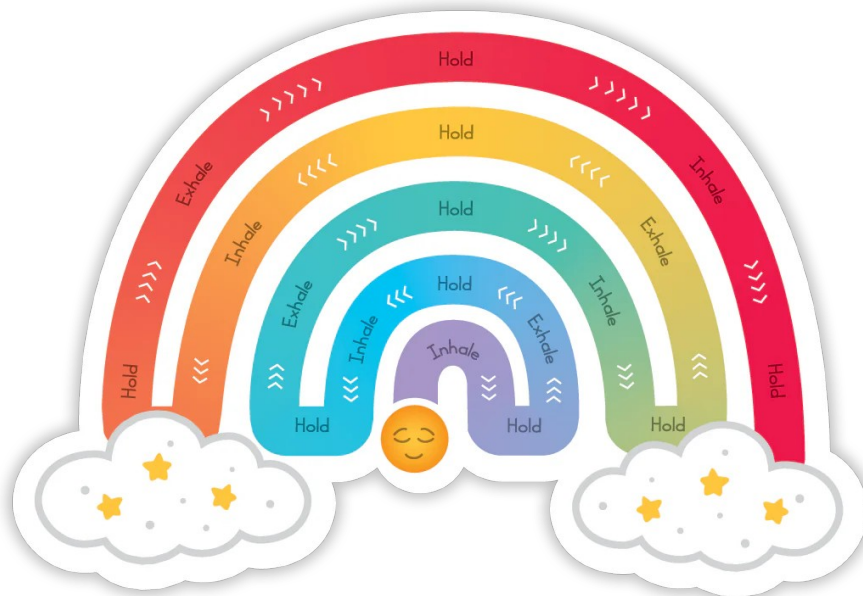
Sources [NIMH: I'm So Stressed Out!](#) | [NIMH: Help for Mental Illnesses](#) | [NHS: Breathing Exercises for Stress](#) | [NHS: Mindfulness](#) | [NHS inform: Grounding Exercises](#) | [NHS: Panic Disorder](#)

Rainbow Breathing and Grounding

Try a gentle breathing rhythm while tracing a color with your finger. You can stop at any time or choose the grounding practice below.

Follow one color at a time

Breathe in gently where the rainbow says “Inhale,” then breathe out gently where it says “Exhale.” At “Hold,” pause only if that feels comfortable. You may skip every hold and breathe naturally. There is no required count.



Keep the breath easy and unforced. If you feel dizzy, short of breath, or more anxious, stop and return to your normal breathing.

Notice what is around you

Name 5 things you can see, 4 things you can feel, 3 things you can hear, 2 things you can smell, and 1 thing you can taste. Use the senses available to you. You can also name colors, shapes, or objects around you.

For a child: A trusted adult can trace and breathe alongside them. Let the child choose whether to join in; keep the pace comfortable.

Sources [NHS breathing exercises for stress](#)

Acute Stress Adaptive Protocol

ASAP | A structured support option for adult responders

ASAP is a brief, structured intervention based on EMDR principles. Trained peer supporters, chaplains and clinicians use it to support adults affected by stressful or traumatic experiences.

What can I expect

A session typically lasts 45–60 minutes. It includes an introduction, grounding and stress-management exercises, structured processing, and a closing activity. Participants do not need to describe the details of their experience to the group.

Is it right for me

Ask an ASAP-trained facilitator about your situation and what support is available before and after the session. Participation is voluntary. Tell the facilitator if you need a pause or additional support.

What about privacy

Before participating, ask the facilitator to explain privacy practices, any records kept, and the limits of confidentiality in that setting. You can also ask about individual-session options.

What should I know

- ASAP is designed for adults and should not be used with children.
- Facilitators need specific ASAP training. This flyer is information, not a guide to delivering the protocol.
- ASAP is not the same as full EMDR psychotherapy. It does not replace clinical assessment, treatment, or emergency care.
- Research is developing. Some participants report less distress; individual experiences and outcomes vary.

Learn more or discuss a session

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HopeChaplain.com

In a U.S. crisis, call or text 988. For immediate life-threatening danger, call 911.

Program source: Vermont Center for Responder Wellness and ASAP Training Institute. Information prepared by Hope Chaplain.

Sources ASAP Training Institute: ASAP Training Manual, February 2025 | Vermont Center for Responder Wellness: Acute Stress Adaptive Protocol | ASAP Training Institute: research overview, February 2025

Suicide Recognition and Support

Practical steps for family, friends and responders

Recognize when someone needs help

You do not need to diagnose someone to take a concern seriously. A calm conversation and timely connection to help can make a difference.

Get help now

U.S. crisis support: Call or text 988, or chat at 988lifeline.org. You can contact 988 for yourself or because you are worried about someone else.

For an immediate life-threatening emergency, call 911. If someone says they intend to kill themselves, stay with them while getting help if you can do so safely.

Notice changes and warning signs

Seek help promptly, especially when behavior is new or increasing. Do not wait for several signs to appear.

- Talking about wanting to die, being a burden, unbearable pain, or having no reason to live.
- Feeling trapped, hopeless, intensely ashamed, very agitated, or unusually angry.
- Making a suicide plan, researching ways to die, saying goodbye, or giving away valued belongings.
- Withdrawing from people, taking dangerous risks, or showing marked changes in mood, sleep, eating, or substance use.

Ask clearly and listen

Say what you have noticed: 'You have seemed overwhelmed, and I care about you.' Then ask directly: 'Are you thinking about suicide?' Asking does not put the idea into someone's mind.

Listen without arguing, judging, or rushing to reassure. Thank them for telling you. You can say, 'I'm glad you told me. Let's get support together.'

Help them take the next step

Ask whether they have a plan or access to something they could use to harm themselves. Help reduce access to firearms, medicines, or other lethal means when this can be done safely. Do not put yourself in danger.

Offer to call 988 together or help them reach a mental health professional. Do not promise to keep suicidal thoughts secret.

Keep support going

Connection matters beyond the first call. Make the next step specific, and keep in touch after a crisis or discharge from care.

For family and friends

- Choose a quiet moment and describe the changes you have noticed. Leave room for the person's own words.
- Offer practical help: sit with them during a call, help arrange an appointment, or accompany them to care.
- Ask who else they trust. Involve supportive people rather than trying to carry the situation alone.
- Ask how you can support a safety plan made with a clinician or crisis counselor. Check in again at an agreed time.

For coworkers and responders

- Start privately when possible: 'I've noticed a change since that call. How are you doing?'
- Offer a trusted peer, chaplain, EAP provider, or clinician as a connection to support. Ask the service about privacy practices and their limits.
- If there is an immediate safety concern, get emergency help and follow applicable workplace safety procedures. Do not leave the person to find help alone.
- Follow up after a difficult incident, referral, or return from care. A brief, specific check-in can help keep the connection open.

Keep the conversation open

Avoid guilt, threats, debates about beliefs, or promises that everything will be fine. Offer steady presence: 'You matter to me. We can work on the next step together.'

Faith and spiritual care can be sources of comfort. Include them according to the person's wishes alongside needed crisis and clinical support.

Write down the next step

A person or service we will contact: _____

When and how we will connect: _____

My next check-in: _____

You can ask for help too

Call or text 988 for guidance when you are concerned about someone. Call 911 for immediate life-threatening danger.

For ongoing chaplain support: Leo@HopeChaplain.com | 503.819.9481. For urgent help, use 988 or 911 as described above.

Prepared by Hope Chaplain using current National Institute of Mental Health guidance.

Sources [NIMH: Warning Signs of Suicide](#) | [NIMH: 5 Action Steps to Help Someone Having Thoughts of Suicide](#) | [NIMH: Frequently Asked Questions About Suicide](#)

Childhood Experiences and Sources of Support

Optional personal reflection

ACE Questionnaire Questions 1 to 5

Hope Chaplain guidance: This personal reflection is optional. You may skip questions, pause, or stop, and you do not need to share answers. These questions may be upsetting. Choose a manageable time and setting, with support if wanted.

A score does not define you

An ACE score is not a diagnosis or a prediction of your future. It cannot capture every adversity or your strengths. If you skip items, do not interpret the total as a complete ACE score.

Your ACE score

Prior to your 18th birthday:

1. Did a parent or other adult in the household often or very often ... Swear at you, insult you, put you down, or humiliate you? OR Act in a way that made you afraid that you might be physically hurt?

No ____ If Yes, enter 1 ____

2. Did a parent or other adult in the household often or very often ... Push, grab, slap, or throw something at you? OR Ever hit you so hard that you had marks or were injured?

No ____ If Yes, enter 1 ____

3. Did an adult or person at least five years older than you ever ... Touch or fondle you or have you touch their body in a sexual way? OR Attempt or actually have oral, anal, or vaginal intercourse with you?

No ____ If Yes, enter 1 ____

4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? OR Your family didn't look out for each other, feel close to each other, or support each other?

No ____ If Yes, enter 1 ____

5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? OR Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

No ____ If Yes, enter 1 ____

ACE Questionnaire Questions 6 to 10

Prior to your 18th birthday:

6. Were your parents ever separated or divorced?

No ____ If Yes, enter 1 ____

7. Was your mother or stepmother ... Often or very often pushed, grabbed, slapped, or had something thrown at her? OR Sometimes, often, or very often, kicked, bitten, hit with a fist, or hit with something hard? OR Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

No ____ If Yes, enter 1 ____

8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

No ____ If Yes, enter 1 ____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

No ____ If Yes, enter 1 ____

10. Did a household member go to prison?

No ____ If Yes, enter 1 ____

Now add up your 'Yes' answers: _____ is your ACE score.

Hope Chaplain reflection

You do not need a particular score to deserve care. The score counts types of experiences; it does not measure their intensity, explain all their effects, or define you.

If this brings up distress, pause and notice your surroundings. Consider reaching out to someone you trust, a chaplain, or a mental health professional. The next pages invite reflection on sources of support.

One source of support I can reach out to now: _____

This instrument and additional resources are available at acestoohigh.com.

Resilience Questionnaire Items 1 to 7

Hope Chaplain guidance: These statements invite reflection on protective experiences. They are not a test of character or a clinical measure of your present resilience. You may skip any item. Sources of support can also develop later in life.

Your resilience score

For each item, use the blank to write in the appropriate number according to the following scale:

+2 Definitely true | +1 Probably true | 0 Not sure | -1 Probably not true | -2 Definitely not true

1. I believe that my mother loved me when I was little.

How true? _____

2. I believe that my father loved me when I was little.

How true? _____

3. When I was little, other people helped my mother and father take care of me, and they seemed to love me.

How true? _____

4. I've heard that when I was an infant someone in my family enjoyed playing with me, and I enjoyed it, too.

How true? _____

5. When I was a child, there were relatives in my family who made me feel better if I was sad or worried.

How true? _____

6. When I was a child, neighbors or my friends' parents seemed to like me.

How true? _____

7. When I was a child, teachers, coaches, youth leaders, or ministers were there to help me.

How true? _____

For more information about the questionnaire, visit acestoohigh.com/got-your-ace-score.

Resilience Questionnaire Items 8 to 14

For each item, use the blank to write in the appropriate number according to the following scale:

+2 Definitely true | +1 Probably true | 0 Not sure | -1 Probably not true | -2 Definitely not true

8. Someone in my family cared about how I was doing in school.

How true? _____

9. My family, neighbors, and friends talked often about making our lives better.

How true? _____

10. We had rules in our house and were expected to keep them.

How true? _____

11. When I felt really bad, I could almost always find someone I trusted to talk to.

How true? _____

12. As a youth, people noticed that I was capable and could get things done.

How true? _____

13. I was independent and a go-getter.

How true? _____

14. I believed that life is what you make it.

How true? _____

How many of these 14 protective factors did I have as a child and youth? _____

(How many of the 14 were 'Definitely True' or 'Probably True'?)

Of these, how many are still true for me? _____

Hope Chaplain reflection

The original scoring prompts above count supportive factors; they do not ask you to add all the +2 to -2 response values. A low count does not mean you cannot grow or receive support.

One supportive person, practice or place I want to strengthen now: _____

Questionnaire source: acestoohigh.com/got-your-ace-score.

Questionnaires credited to ACEs Too High. Introduction, support guidance and layout by Hope Chaplain.

Sources ACEs Too High: questionnaire source credited in the original | CDC: About Adverse Childhood Experiences | Baldwin et al. (2021): Population vs Individual Prediction of Poor Health From ACE Screening