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| Check for Understanding  This document is used to verify that the employee attending the training (The Trainee),  understands the key points of the training provided. | | | | | | |
| **Topic:** | | | Stress Management | | | |
| Circle the best answer to the following questions | | | | | | |
| 1. | Which of the following is not one of the 6 leading causes of death for Americans that stress is linked to?  A. Heart disease  B. Accidents  C. Lack of physical activity  D. Suicide | | | | | |
| 2. | More heart attacks happen on Monday morning than any other day of the week.  True  False | | | | | |
| 3. | Which of the following is an example of eustress (good stress)?  A. Falling in love  B. Embarrassment  C. Meeting your favorite actor  D. A and C | | | | | |
| 4. | Which of the following is not one of the 3 main sources of stress?  A. Situational  B. Vocational  C. Body  D. Mind | | | | | |
| 5. | Chronic or long-term stress could lead to hypertension (high blood pressure).  True  False | | | | | |
| 6. | If someone you know is trying to cope with stress, what advice should you NOT give them?  A. Buy a pack of cigarettes and smoke the whole thing  B. Be sure to eat breakfast  C. Avoid or limit caffeinated beverages  D. Don’t take work home or on breaks | | | | | |
| 7. | What are three things you should go without doing for 21 days in order to complete the cognitive restructuring challenge?  A. Curse words, complaining, and talking back  B. Gossip, rude hand gestures, and complaining  C. Non-constructive criticism, complaining, and gossip  D. Procrastinating, rationalizing, and blaming | | | | | |
| 8. | Diaphragmatic breathing is *not* a relaxation technique for stress management.  True  False | | | | | |
| 9. | Which of the following is *not* a benefit of using the ‘relaxation response’?  A. Decreased heart rate  B. Improved sleep  C. Decreased anxiety  D. Decreased immune functioning | | | | | |
| 10. | You can easily ‘fight or flee’ from most 21st century stressors.  True  False | | | | | |
| **Employer’s Name**  **City/ County:** | |  | | | | |
| **Trainee Section** – By signing this document, I verify that I have viewed the entire training video and completed the questions within “Check for Understanding” document without any outside assistance. | | | | | | |
| Print Trainee’s Name: | | |  | | Date |  |
| Trainee’s Signature: | | |  | | | |
| **Employer’s Training/ Safety/ HR Coordinator Section** – By signing this document, I verify that the “Trainee” has viewed the entire training video and completed the questions within “Check for Understanding” document without any outside assistance. | | | | | | |
| Print Coordinator’s Name: | | | |  | Date |  |
| Coordinator’s Signature: | | | |  | | |
| Please scan and return via e-mail to [ahowery@lgrms.com](mailto:ahowery@lgrms.com) or via mail to LGRMS, 3500 Parkway Lane, Suite 110, Norcross, GA, 30092 | | | | | | |