



What is affecting my traffic lights?

Often there are many factors that contribute to us going into and staying in the amber zone. You can use this worksheet to think about what might be causing you to go into the amber zone and have difficulty getting back into the green zone.

The examples below may or may not be relevant for you. There may also be other things that you think might be affecting your traffic lights.

Physical stress in the body Examples: injury, illness, pain
Am I experiencing physical stress?
Difficult past experiences
Examples: situations that have felt threatening, loss of a loved one
Have there been difficult experiences in my life?
Current stressful situations
Examples: financial difficulties, relationship and/ or employment difficulties
What are the current stresses in my life?
Emotional stress
Examples: worries about the future, difficult memories
Are there some difficult thoughts and feelings that I am struggling with?
Rest and recovery
Examples: time to look after myself, someone I can talk to, support when I have needed it
Have I had enough time, space and support to help me to cope during difficult times?





Life	Could this be affecting my	
Please think of a typical day for you and answer the questions below.		traffic lights?
		(Y/ N/ Maybe)
	Do I drink enough water? (6-8 cups/2 litres a day)	
	How much caffeine do I drink?	
Food and drink	(e.g. tea, coffee, diet coke, energy drinks)	
	Do I consume a lot of sugary foods and drinks?	
	Do I eat enough? (e.g. 3 meals a day)	
	Do I eat a variety of healthy foods?	
Foo	Do I eat too much?	
_	Do I tend to "over-do it"?	
Activity level	(e.g. keeping really busy, pushing myself)	
	Do I make time for breaks/ to do something relaxing?	
vity	Do I spend a lot of time being inactive?	
Acti	(e.g. sleeping in the day, not exercising)	
	Do I have a consistent sleep routine?	
Sleep	(e.g. go to bed and get up at the same time every day)	
	How much sleep do I typically get at night? Is this enough for me?	
Substance use	Do I over-use prescribed medication?	
	How much alcohol do I drink?	
	Do I use drugs other than those prescribed for medical reasons?	
	Do I smoke? If so how many cigarettes a day?	