



STRESS JOURNAL

Day	Time and place	Level of stress Scale 1-10	What was the stressor or stressful situation? What were you doing? Where were you? Who were you with?	How did you feel? Did you experience any physical sensations?	How did you respond to the stress?	How effective or positive was your response? Scale 1-10	How could you have coped better? Is there a way of reducing or getting rid of this stress?
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