STRESS DIARY

Name: Is this is a typical day Yes No
Date:

Time of day	Intensity of the stress (1-10)	What was the situation	What was the preceding event (cause)	What were your symptoms	How did you respond	How effective was your response (1-10)	Rate your mood now (1–10)

For more information on stress management, visit www.stress-management-for-peak-performance.com/causes-of-stress.html

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