

# Stress diary



| Day | Time and place | Level of stress<br>Scale 1-10 | What was the stressor or stressful situation?<br>What were you doing?<br>Where were you? Who were you with? | How did you feel?<br>Did you experience any physical sensations? | How did you respond to the stress? | How effective or positive was your response?<br>Scale 1-10 | Notes<br>How could you have coped better?<br>Is there a way of reducing or getting rid of this stress? |
|-----|----------------|-------------------------------|---|--|------------------------------------|--|--|
| 1   |                |                               |   |  |                                    |  |  |
| 2   |                |                               |   |  |                                    |  |  |
| 3   |                |                               |   |  |                                    |  |  |
| 4   |                |                               |   |  |                                    |  |  |
| 5   |                |                               |   |  |                                    |  |  |
| 6   |                |                               |   |  |                                    |  |  |
| 7   |                |                               |   |  |                                    |  |  |