

STRESS MANAGEMENT JOURNAL (Print 7 copies of this page - One for each day of the week)

Instructions: Use one page for each day. Print extra pages and use more than one page for any day if needed. Carry the page and a pen with you. When you notice any of the listed symptoms of stress, record the situation. At the end of the week review all pages and look for recurring or similar situations to establish your stress triggers. YOU ARE NOT REQUIRED TO SEND THESE PAGES TO YOUR TUTOR.

Date: ____/____/____

SYMPTOM <i>(Please tick)</i> Muscle tension Breathing change Rapid heart beat Nausea / butterflies Headache Dry mouth Other _____	SITUATION Time and place <i>(Example: in the car on the way to work, OR talking to mum on the phone)</i>
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