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| **Day/**  **Time**  **(When?)** | **Situation**  **(Who? What? Where?)** | **Feelings**  **(Physical? / Emotional?)** | **Stress**  **Level**  **(1-10)** | **Thought**  **(What I was thinking)** | **Coping Strategy**  **(What I did or What I told myself**  **to cope with this stress)** |
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