



My stress tracker

Main message: Take control of your stress – discover your stress “busters”

| A | B | C |
|-------------------------------|--|---|
| Day/date | Stress level 1=little or no stress 5=a great deal of stress | Stress buster How did I control stress? |
| Example 4 / 27 / 17 | | <input type="checkbox"/> Breathing deeply <input checked="" type="checkbox"/> Relaxing muscles <input type="checkbox"/> Picturing something peaceful <input type="checkbox"/> Other _____ <input type="checkbox"/> None |
| _____ ____ / ____ / ____ | | <input type="checkbox"/> Breathing deeply <input type="checkbox"/> Relaxing muscles <input type="checkbox"/> Picturing something peaceful <input type="checkbox"/> Other _____ <input type="checkbox"/> None |
| _____ ____ / ____ / ____ | | <input type="checkbox"/> Breathing deeply <input type="checkbox"/> Relaxing muscles <input type="checkbox"/> Picturing something peaceful <input type="checkbox"/> Other _____ <input type="checkbox"/> None |
| _____ ____ / ____ / ____ | | <input type="checkbox"/> Breathing deeply <input type="checkbox"/> Relaxing muscles <input type="checkbox"/> Picturing something peaceful <input type="checkbox"/> Other _____ <input type="checkbox"/> None |

Select your responses.

How often was my stress level above a three?

Always Mostly Sometimes Never

Did I take control of my stress?

Always Mostly Sometimes Never

Did I use stress busters when needed?

Always Mostly Sometimes Never

Did you talk with a trusted adult about your stress?

Always Mostly Sometimes Never

