

Stress Worksheet

Date:

Name:

List down what is/are stressing you right now:

What are the corresponding physical, mental/emotional, and behavioral symptoms for each stressor?

[illegible]

What are the consequences of the stress?

COPING STRATEGIES:

What is out of your control?

What can you control?

What stops you from relaxing and how can you overcome this?

ACTION PLAN

What can you do to manage or reduce your level of stress?