STRESS MANAGEMENT "HEALTH" CHECK

STRESS

Newest (6 months or less)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Oldest (Over 6 Months)

_____
_____
_____
_____
_____
_____
_____

THINGS I CANNOT CHANGE

_____
_____
_____
_____
_____
_____
_____

CHANGEABLE SITUATIONS THAT I CHOOSE TO ACCEPT "AS IS"

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

ACTION PLANS FOR REDUCING STRESS

STRESS : _____
ACTION PLAN: ☐ 1. _____
☐ 2. _____
☐ 3. _____

STRESS : _____
ACTION PLAN: ☐ 1. _____
☐ 2. _____
☐ 3. _____

STRESS : _____
ACTION PLAN: ☐ 1. _____
☐ 2. _____
☐ 3. _____

STRESS : _____
ACTION PLAN: ☐ 1. _____
☐ 2. _____
☐ 3. _____

STRESS : _____
ACTION PLAN: ☐ 1. _____
☐ 2. _____
☐ 3. _____

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