**STRESS DIARY**

NAME: Is this a typical day: YES NO

DATE:

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Time of Day | Intensity of Stress  (1-10) | What was the situation? | What was the preceding event? (cause) | What were your symptoms? | How did you respond  (positive/negative) | How effective was your response (1-10) | Rate your mood now  (1-10) |
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