**Managing Stress and Anxiety **

**EXAMPLE TEMPLATE**

**Scale 0 – 10 (0 being the lowest)**

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| **Date and Time** | **Most recent Stressful Experience** | **How well do you feel now? (scale 0-10)** | **Your current mood** | **How effectively are you working/**  **living now? (0-10)** | **Cause of this feeling** | **Physical symptoms during this stressful event** | **What did you do to handle it?** | **What can you do to help you feel less worried and anxious?** |
| ***31st March 9am*** | ***Woke up fatigued after having a night of broken sleep*** | ***3*** | ***Flat and no energy*** | ***5*** | ***Not sleeping well due to my mind racing around with different thoughts*** | ***Tight stomach and chest*** | ***I began to worry more, which made the symptoms worse*** | ***Try an on-line mediation class***  ***Do more physical exercise so hopefully I am more tired when I go to bed*** |
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