

# Stress Journal Page

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Use this page to record stressful events as well as to review how you handled the event.

Date:                      Time:                      Where were you?                      Who was with you?

What happened to make you feel stressed?

Did you know this stressful event was coming?                      ☐ yes                      ☐ no

Rate your stress level during this event:

😊 0 - not stressed at all..... 😞 10 - completely stressed

How did you feel when this stressful event happened? Check all that apply:

☐ nervous    ☐ anxious    ☐ confident    ☐ upset    ☐ confused    ☐ angry    ☐ embarrassed    ☐ neutral    ☐ other \_\_\_\_\_

What physical responses did you have to this stressful event?

☐ shaky    ☐ butterflies in my stomach    ☐ headache    ☐ stomach ache    ☐ out of breath    ☐ dizzy  
☐ tensing of muscles    ☐ no physical response    ☐ other \_\_\_\_\_

How did you react to this event?

Was there a better way you could have reacted? If so, what is it?

What techniques did you use to lower your stress levels after this event? Did they work?

Rate your stress level after the event passed:

😊 0 - not stressed at all..... 😞 10 - completely stressed

