

Name: \_\_\_\_\_

Date: \_\_\_\_\_

# STRESS MANAGEMENT

What causes stress for me?

What do I gain from stress?

What do I lose from stress?

How does stress benefit me?

How does stress hurt me?

What kinds of stress management skills  
do I currently use?

When I am stressed I feel....

☐ Tense

☐ Overwhelmed

☐ Alone

☐ Insecure

☐ Anxious

☐ Upset

☐ Exhausted

☐ Panicked

☐ Dizzy

☐ Afraid

☐ Frustrated

☐ Depressed