Stress Log

Date _____

Stressor	Type (family, job, health, etc.)	Stress level (0–10)

Self-care	Type:		Minutes:
☐ Relaxation practice			
☐ Physical activity			
☐ Regular meals *Recommended servings depend on individual needs. See **ChooseMyPlate.gov** to personalize your plan.*	Whole grains	____ ounces	
	Vegetables	____ cups	
	Fruits	____ cups	
	Low-fat milk	____ cups	
	Lean proteins	____ ounces	
	Water	8 cups	

Affirmations

Notes and observations

Review your log entries. Do you notice any patterns emerging? What steps can you take to address them?

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