

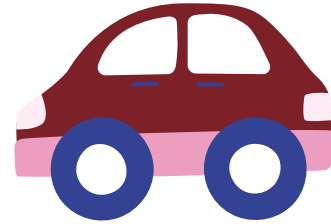
Name _____

Date _____

How I feel about my stress-relief efforts today:

My Key to Stress Relief

Core Strategy Inventory



List self-care practices you use (or want to use) for relieving stress regularly.

Gas

How I eat well, drink to stay hydrated, & sleep enough:

Solvent

Daily practices I use to clear out stress:

Oil

How I rest & rejuvenate on a periodic basis:

Think about how stress shows up in your body and your life. Recognizing these symptoms of stress helps you do something before stress takes over.

What does my body feel like when I'm stressed?

How do my emotions present when I'm stressed?

How do I tend to behave when I'm stressed?



Core Strategies help us relieve stress regularly so we stay healthier & happier. What core strategies do I commit to today?

Dates I will review this sheet:
