

LINE MASTER 7**Deal with It!**

Name: _____

Try using this tracking sheet to see what stressful moments you experience over a day or two. Here is a sample of how to record the information.

What Happened	When	My Feelings	My Plan to Deal with It
<i>Overslept</i>	<i>7:00 a.m.</i>	<i>panic</i>	
<i>Brother won't come out of bathroom</i>	<i>7:30 a.m.</i>	<i>angry, frustrated</i>	
<i>Mom seems angry about something</i>	<i>6:30 p.m.</i>	<i>nervous</i>	

My Stress List

What Happened	When	My Feelings	My Plan to Deal with It