

Tracking helps me understand my patterns and choose what helps me feel better.

My Weekly Stress & Coping Tracker

AWARENESS TODAY. CHOICES TOMORROW. CALM ALWAYS.



Notice. Name. Navigate.
 Each day, identify your stress, how your body responded, and the coping skills you used.
 This helps build awareness and strengthen what works for you.

WEEK OF: _____

DAY	WHAT CAUSED MY STRESS? (List the main stressor(s))	HOW DID MY BODY RESPOND? (Check all that apply)	HOW DID I FEEL? (Circle or list emotions)	WHAT COPING SKILLS DID I USE? (List at least one)	HOW HELPFUL WAS IT? (1 = Not helpful 5 = Very helpful)	NOTES / WHAT I LEARNED
MONDAY 	1. _____ 2. _____ 3. _____	<input type="checkbox"/> Headache <input type="checkbox"/> Muscle tension <input type="checkbox"/> Stomach issues <input type="checkbox"/> Fatigue <input type="checkbox"/> Fatigue <input type="checkbox"/> Racing heart <input type="checkbox"/> Shallow breathing <input type="checkbox"/> Other: _____	_____ _____ _____	1. _____ 2. _____ 3. _____	1 2 3 4 5	
TUESDAY 	1. _____ 2. _____ 3. _____	<input type="checkbox"/> Headache <input type="checkbox"/> Muscle tension <input type="checkbox"/> Stomach issues <input type="checkbox"/> Fatigue <input type="checkbox"/> Fatigue <input type="checkbox"/> Racing heart <input type="checkbox"/> Shallow breathing <input type="checkbox"/> Other: _____	_____ _____ _____	1. _____ 2. _____ 3. _____	1 2 3 4 5	
WEDNESDAY 	1. _____ 2. _____ 3. _____	<input type="checkbox"/> Headache <input type="checkbox"/> Muscle tension <input type="checkbox"/> Stomach issues <input type="checkbox"/> Fatigue <input type="checkbox"/> Fatigue <input type="checkbox"/> Racing heart <input type="checkbox"/> Shallow breathing <input type="checkbox"/> Other: _____	_____ _____ _____	1. _____ 2. _____ 3. _____	1 2 3 4 5	
THURSDAY 	1. _____ 2. _____ 3. _____	<input type="checkbox"/> Headache <input type="checkbox"/> Muscle tension <input type="checkbox"/> Stomach issues <input type="checkbox"/> Fatigue <input type="checkbox"/> Fatigue <input type="checkbox"/> Racing heart <input type="checkbox"/> Shallow breathing <input type="checkbox"/> Other: _____	_____ _____ _____	1. _____ 2. _____ 3. _____	1 2 3 4 5	
FRIDAY 	1. _____ 2. _____ 3. _____	<input type="checkbox"/> Headache <input type="checkbox"/> Muscle tension <input type="checkbox"/> Stomach issues <input type="checkbox"/> Fatigue <input type="checkbox"/> Fatigue <input type="checkbox"/> Racing heart <input type="checkbox"/> Shallow breathing <input type="checkbox"/> Other: _____	_____ _____ _____	1. _____ 2. _____ 3. _____	1 2 3 4 5	
SATURDAY 	1. _____ 2. _____ 3. _____	<input type="checkbox"/> Headache <input type="checkbox"/> Muscle tension <input type="checkbox"/> Stomach issues <input type="checkbox"/> Fatigue <input type="checkbox"/> Fatigue <input type="checkbox"/> Racing heart <input type="checkbox"/> Shallow breathing <input type="checkbox"/> Other: _____	_____ _____ _____	1. _____ 2. _____ 3. _____	1 2 3 4 5	
SUNDAY 	1. _____ 2. _____ 3. _____	<input type="checkbox"/> Headache <input type="checkbox"/> Muscle tension <input type="checkbox"/> Stomach issues <input type="checkbox"/> Fatigue <input type="checkbox"/> Fatigue <input type="checkbox"/> Racing heart <input type="checkbox"/> Shallow breathing <input type="checkbox"/> Other: _____	_____ _____ _____	1. _____ 2. _____ 3. _____	1 2 3 4 5	

WEEKLY REFLECTION

What were my biggest stressors this week?

What patterns did I notice in my body or emotions?

What went well for me?

It's okay to have hard days.
 Be kind to yourself.
 Every small step counts.

LOOKING AHEAD

What coping skills helped me the most?

What new coping skills do I want to try?

What is one thing I can do for myself next week?

☆ I am doing my best. I can handle challenges. I choose healthy ways to care for myself. ☆