Stress Management Training S2.a

Session Two

***Subjective Level of Stress***

Name..................................................................................................................................................

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How do you rate your stress level on the following scale:

**Low Stress** **High Stress**

1 2 3 4 5 6 7 8 9 10

What three things do you feel contribute most to the stress in your life at present?

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2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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