

Name				Week Dates				Section					
Review		Stay Well Strategies				Triggers				Symptoms			
Monday	Sleep (hrs)	Adequate Sleep	Social Support	Stress at Work/Sports	Arguing	Irritability	Insufficient Sleep						
	Sleep Quality (S)	Planned Exercise	Routine Day	Stress at Home	Caffeine Consumption	Anger	Excessive Sleep						
	Your Mood? (S)	Quiet Time	Avoiding Conflicts	Stress at School	Poor Diet	Sadness	Loss of Energy						
	How You Coped? (S)	Healthy Meals	Enjoyable Activities	Lack of Sleep	Medicine Not Taken	Anxiety	Loss of Interest						
	Healthy Meals (S)	Plenty of Water	Activities With Others	Lack of Exercise	Ill Health or Pain	Feeling Guilty	Suicidal Thoughts						
	Plenty of Water (S)	Minimal Caffeine	Time Outside	Too Much to Do	Difficult Life Changes	Feeling Hopelessness	Poor Concentration						
	Planned Exercise (mins)	Medicine Taken	Positive Thinking	Negative Self Talk	Class Issues	Feeling Worthless	Resting Poorly						
	Being Active (mins)	Professional Support	Other	Relationship Problems	Change in General	Negative Self Talk	Change of Appetite						
Tuesday	Sleep (hrs)	Adequate Sleep	Social Support	Stress at Work/Sports	Arguing	Irritability	Insufficient Sleep						
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