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## **My Life Changes**

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In the spaces provided, indicate the types of changes you would like to make in your life in order to help decrease stress. Be as specific as possible.

### **Lifestyle Habits**

Diet: \_\_\_\_\_

Exercise: \_\_\_\_\_

Sleep: \_\_\_\_\_

Relaxation: \_\_\_\_\_

### **Approaches to Situations**

Time management: \_\_\_\_\_

Money management: \_\_\_\_\_

Assertiveness: \_\_\_\_\_

Problem-solving coping skills: \_\_\_\_\_

### **Ways of thinking**

Realistic expectations: \_\_\_\_\_

Sense of humor: \_\_\_\_\_

Support system: \_\_\_\_\_

Positive thinking: \_\_\_\_\_

Challenge negative thinking: \_\_\_\_\_

### **Other Changes**

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