**Instructions: Try to place stressors and/or triggers in your life into one of the following boxes, in the following week as stress occurs, fill out this worksheet. Ask yourself if you can change or control these stressors or triggers**

|  |  |  |
| --- | --- | --- |
|  | **CAN****CHANGE** | **CAN’T** **CHANGE** |
| **In CONTROL** |  |  |
| **Out of CONTROL** |  |  |