

# Activity Sheet - 5B: OBSERVE IT, CHANGE IT

Name \_\_\_\_\_ Date \_\_\_\_\_

**As you complete the activity sheet, consider your experiences with stress and your stress response.**

## My Top 5 Stress Triggers:

(These situations stress me out!)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_



## My Top 5 Stress Responses :

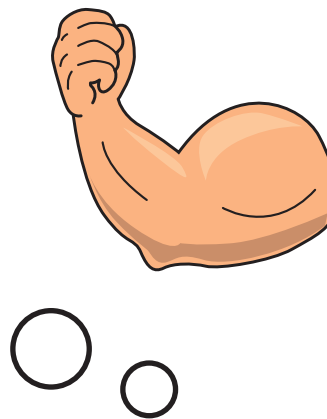
(This is how I feel stress in my body.)

1. I feel tension in my \_\_\_\_\_
2. My \_\_\_\_\_ feels tight.
3. My muscles \_\_\_\_\_
4. My heart feels \_\_\_\_\_
5. My stomach feels \_\_\_\_\_

## My Top 5 Stress Thoughts:

(These thoughts flood my brain.)

1. I think \_\_\_\_\_.
2. I think \_\_\_\_\_.
3. I think \_\_\_\_\_.
4. I think \_\_\_\_\_.
5. I think \_\_\_\_\_.



## My Top 5 Breath Brake Benefits:

(This is how the Breath Brake can help me change my stress response.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

