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| **Date & Time** | **Most Recent Stressful Event** | **How Happy Do You Feel Now? (Scale 0-10)** | **Your Current Mood** | **How Effectively Are You Working Now?** | **Cause of the Event** | **How Stressed Do You Feel Now?****(Scale 0-10)** | **Physical Symptoms During Stressful Event** | **How Well Did You Handle the Event?** |
| July 9 10am | Office Printer Broke Down | 6 | Slightly anxious and Angry | 8 | Printer/ IT Support | 3 | Raised pulseTight Stomach | Poor – yelled at the IT man |
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