|  |  |  |
| --- | --- | --- |
| **DATE**  (Date of phone call or group session) | **How stressed did you feel this past week?**  0 – not at all  10 – felt I couldn’t cope with anything | **How difficult did you find your child’s behaviour this week?**  0 – not at all  10 – affected everything |
| Week 1 |  |  |
| Week 2 |  |  |
| Week 3 |  |  |
| Week 4 |  |  |
| Week 5 |  |  |
| Week 6 |  |  |
| Week 7 |  |  |
| Week 8 |  |  |
| Week 9 |  |  |
| Week 10 |  |  |