

Name: _____

Date: _____

Coping Skills

Behavior Think Sheet

1. Today I feel:

- | | | | | |
|----------------------------------|-------------------------------------|----------------------------------|--------------------------------|------------------------------|
| <input type="checkbox"/> Happy | <input type="checkbox"/> Frustrated | <input type="checkbox"/> Worried | <input type="checkbox"/> Tired | <input type="checkbox"/> Sad |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Angry | <input type="checkbox"/> Calm | | |

2. Something that made me feel this way:

3. What I did when I felt this way:

4. A better choice I can try next time is:

- | | |
|--|---|
| <input type="checkbox"/> Take deep breaths | <input type="checkbox"/> Use kind words |
| <input type="checkbox"/> Talk to an adult | <input type="checkbox"/> Take a break |
| <input type="checkbox"/> Walk away | <input type="checkbox"/> Draw or color |

5. My goal for next time:

"Next time I feel _____, I will _____."