

EMOTIONS: _____

PUSING AWAY: _____

THOUGHTS: _____

SENSATIONS: _____

Briefly describe the stressful situation(s) you were in when you chose to practice your skills:

Did using the skills help you to (1) cope with uncomfortable feelings and urges and/or (2) avoid conflict of any kind? Circle YES/NO

If YES, please describe how it helped:

If NO, please describe why you believe it did not help: