

# EMOTIONAL REGULATION

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Fill in the blanks.

## TREAT PHYSICAL ILLNESS

- Am I treating my physical illness?
- What steps can I take to make sure I am treating my illness and taking care of my physical health?

## BALANCED EATING

- Am I eating healthy?
- What can I do to improve my diet or nutrition?

## AVOID MOOD ALTERING SUBSTANCES

- Am I avoiding mood altering substances?
- What is my plan to avoid mood altering substances that may affect my mood?

## BALANCED SLEEP

- Am I getting good sleep?
- Do I need to get more/less sleep?
- How can I improve my sleep habits?

## GET EXERCISE

- Am I exercising regularly?
- What is an exercise routine I can commit to each week?