

COPING SKILLS ASSESSMENT

Color in how often you use each of these positive or negative coping skills to cope with your feelings!



USE MY WORDS TO HURT OTHER PEOPLE'S FEELINGS

TAKE A "TIME-OUT" FROM THE SITUATION

USE MY BODY TO HURT OTHERS (HIT, BITE, KICK, PUSH)

YELL AND SCREAM



DO DEEP BREATHING OR COUNT TO TEN

MAKE THREATS OR LOOK THREATENING

TALK TO A FRIEND OR SIBLING ABOUT MY FEELINGS

TALK TO AN ADULT ABOUT MY FEELINGS

NAME-CALL OR INSULT OTHERS

HURT MYSELF

EXPRESS MY FEELINGS IN A POSITIVE WAY



FIND SOMETHING TO DISTRACT ME

THROW OBJECTS

CRY

USE BAD WORDS OR SWEAR/CUSS

ALWAYS

SOMETIMES

NEVER

| | ALWAYS | SOMETIMES | NEVER |
|--|--------------------------|--------------------------|--------------------------|
| USE MY WORDS TO HURT OTHER PEOPLE'S FEELINGS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TAKE A "TIME-OUT" FROM THE SITUATION | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| USE MY BODY TO HURT OTHERS (HIT, BITE, KICK, PUSH) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| YELL AND SCREAM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DO DEEP BREATHING OR COUNT TO TEN | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MAKE THREATS OR LOOK THREATENING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TALK TO A FRIEND OR SIBLING ABOUT MY FEELINGS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TALK TO AN ADULT ABOUT MY FEELINGS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NAME-CALL OR INSULT OTHERS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HURT MYSELF | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EXPRESS MY FEELINGS IN A POSITIVE WAY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FIND SOMETHING TO DISTRACT ME | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| THROW OBJECTS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CRY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| USE BAD WORDS OR SWEAR/CUSS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |