COPING SKILLS LOG

Fill this out after using a coping skill to track patterns and find what works for you.

Situation (What Happened?)

_____

Emotion(s)

_____

Intensity BEFORE (1-10)

1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 ○

Duration (How Long Used?)

_____

Coping Skill Used

_____

Intensity AFTER (1-10)

1 ○ 2 ○ 3 ○ 4 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 ○

What Changed?

_____

Helpfulness Rating:

☐ Not helpful | ☐ A little helpful | ☐ Helpful

Would I use again?

☐ Yes ☐ Maybe ☐ No

Try next time?

_____

Situation (What Happened?)

_____

Emotion(s)

_____

Intensity BEFORE (1-10)

1 ○ 2 ○ 3 ○ 4 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 ○

Duration (How Long Used?)

_____

Helpfulness Rating:

☐ Not helpful | ☐ A little helpful | ☐ Helpful

Would I use again?

☐ Yes ☐ Maybe ☐ No

Try next time?

_____

Situation (What Happened?)

_____

Emotion(s)

_____

Intensity BEFORE (1-10)

1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 ○

Duration (How Long Used?)

_____

Helpfulness Rating:

☒ Not helpful | ☐ A little helpful | ☆ Helpful

Would I use again?

☐ Yes ☐ Maybe ☐ No

Try next time?

_____

Situation (What Happened?)

_____

Emotion(s)

_____

Intensity AFTER (1-10)

1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○ 10 ○

What Changed?

_____

Helpfulness Rating:

☒ Not helpful | ☐ A little helpful | ☐ Helpful
☐ Helpful ☐ Very helpful

Would I use again?

☐ Yes ☐ Maybe ☐ No

Try next time?

_____