

Identifying Coping Skills: A Checklist

Go through the checklist and put a checkmark next to any item that describes how you react to difficult situations.

Ways I cope:

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|--|---|
| <input type="checkbox"/> I try not to talk or think about the problem. | <input type="checkbox"/> I talk with others about what happened. |
| <input type="checkbox"/> I take deep breaths. | <input type="checkbox"/> I find someone who will listen to me. |
| <input type="checkbox"/> I try to forget. | <input type="checkbox"/> I find help. |
| <input type="checkbox"/> I try to take care of things myself. | <input type="checkbox"/> I just don't think about it. |
| <input type="checkbox"/> I try to take care of other people. | <input type="checkbox"/> I pretend that that it didn't happen. |
| <input type="checkbox"/> I talk to a friend. | <input type="checkbox"/> I learn more about what happened. |
| <input type="checkbox"/> I talk to a family member. | <input type="checkbox"/> I don't sleep. |
| <input type="checkbox"/> I keep on trying and trying and trying. | <input type="checkbox"/> I become a perfectionist. |
| <input type="checkbox"/> I try to get all the facts. | <input type="checkbox"/> I express my anger without hurting myself or others. |
| <input type="checkbox"/> I sleep. | <input type="checkbox"/> I express my anger in ways that can be hurtful or harmful to myself or others. |
| <input type="checkbox"/> I show a sense of humor. | <input type="checkbox"/> I seek out others who have experienced the same thing. |
| <input type="checkbox"/> I do something creative (art/music) | <input type="checkbox"/> I go to counseling. |
| <input type="checkbox"/> I pray. | <input type="checkbox"/> I join a support group. |
| <input type="checkbox"/> I daydream. | <input type="checkbox"/> I remind myself that things could be worse. |
| <input type="checkbox"/> I make a plan. | <input type="checkbox"/> I look for any sense of meaning that will help explain what happened. |
| <input type="checkbox"/> I watch television. | <input type="checkbox"/> I use alcohol or drugs. |
| <input type="checkbox"/> I work hard at school. | |
| <input type="checkbox"/> I ignore my homework. | |
| <input type="checkbox"/> I exercise. | |
| <input type="checkbox"/> I write in a journal. | |
| <input type="checkbox"/> I work at a hobby. | |
| <input type="checkbox"/> I try to be with others. | |

Other things I do:

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Other things I would like to try:

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