

Name: _____
Today's Date: _____

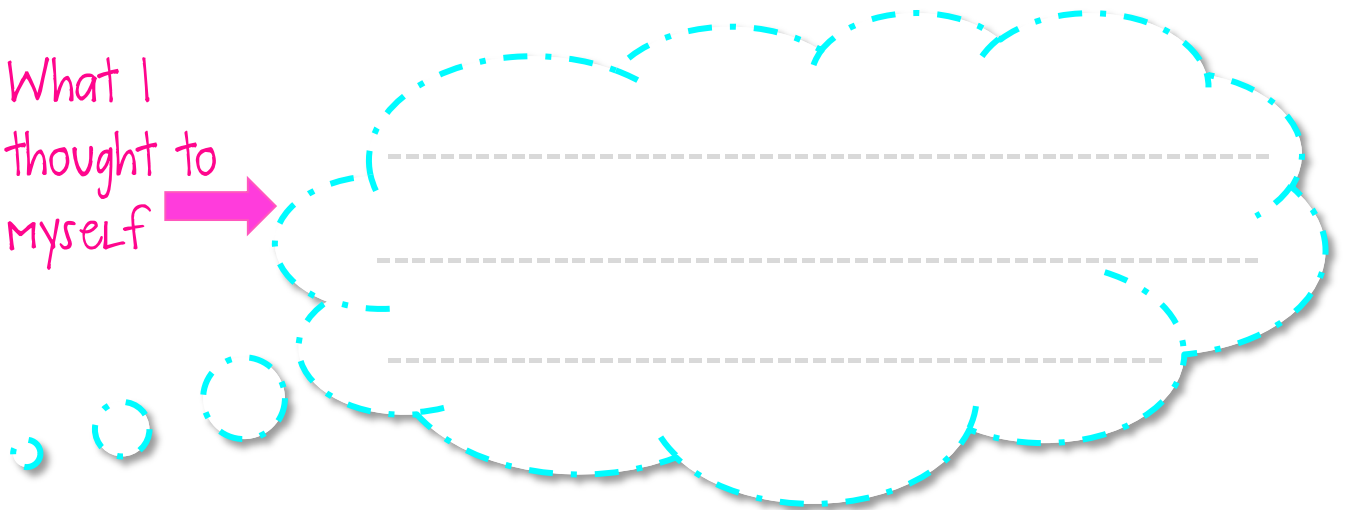
Situation (describe what happened):

I felt mostly:

But also a little:

(Feelings Ideas: **mad**, **nervous**, **worried**, **content**, **lonely**, tired, **bored**, **guilty**, **embarrassed**, **sad**, **annoyed**, **stressed**, **anxious**, **happy**, **ecstatic**, and many more)

What I
thought to
myself



What I did (my behavior):

Did my thoughts help me? Yes No

NEXT TIME I WILL: