

EMOTIONAL REGULATION WORKSHEET

Pause, Notice, Choose, and Review

Aim for a helpful response; the feeling does not have to disappear.

Date: _____

0-10 intensity: 0 = none, 10 = strongest

1. SITUATION

What happened? Where were you, and who was involved?

2. EMOTION

What did you feel? Include intensity from 0 to 10.

3. BODY SIGNALS

What did you notice in your body?

4. URGE

What did you feel like doing or avoiding?

5. CHOSEN RESPONSE

What did you choose to do? Which skill or support did you use?

6. REFLECTION

What helped? What did you learn, or what might you try next time?

EMOTION AND BODY AWARENESS LOG

Identify Feelings and Triggers

An urge is what you feel like doing; you do not have to act on it.

Date: _____

0-10 intensity: 0 = none, 10 = strongest

TRIGGER What happened?	EMOTION What did I feel?	INTENSITY 0-10	PHYSICAL SENSATIONS What did I notice in my body?	URGES What did I feel like doing or avoiding?

REFLECTION

What helped, or what might I adjust next time?

EMOTIONAL ACCEPTANCE WORKSHEET

Make Space for Difficult Feelings

Allowing a feeling does not mean approving of what happened or acting on an urge.

Date: _____

0-10 intensity: 0 = none, 10 = strongest

1. FEELING

What emotion am I noticing? Where do I feel it in my body?

2. JUDGMENTS

What am I telling myself about having this feeling? Notice criticism or "shoulds".

3. COMPASSIONATE RESPONSE

What would I say to someone I care about who felt this way?

4. WILLINGNESS TO ALLOW IT

Could I allow this feeling briefly? What would help? Rate willingness from 0 to 10.

GENTLE BREATHING PRACTICE LOG

For Emotional Regulation

Breathe naturally, without forcing or holding. If dizzy or uncomfortable, stop and return to usual breathing.

Date: _____

0-10 intensity: 0 = none, 10 = strongest

DATE / TIME	BEFORE RATING Emotion + intensity 0-10	BREATHING PRACTICE What I tried + duration	COMFORT How did the breathing feel?	AFTERWARDS Body, feelings + intensity 0-10

REFLECTION

What helped, or what might I adjust next time?

GROUNDING TECHNIQUES WORKSHEET

Reconnect with the Present Moment

Choose senses that feel accessible. Adapt or stop any technique that feels uncomfortable.

Date: _____

0-10 intensity: 0 = none, 10 = strongest

1. SURROUNDINGS

Where am I? What neutral or comforting detail can I notice around me?

2. SENSORY OBSERVATIONS

What can I see, hear, or feel in contact with my body, such as feet on the floor?

3. GROUNDING TECHNIQUE

What did I try, and for how long?

4. WHAT HELPED

What changed in my attention, body, or feelings? What would I use again?

CHECK THE FACTS WORKSHEET

Explore Thoughts and Assumptions

Feelings are real experiences; they do not by themselves prove an interpretation.

Date: _____

0-10 intensity: 0 = none, 10 = strongest

1. SITUATION

What happened? Describe the event as a camera might record it.

2. INTERPRETATION

What meaning did I give the situation? What went through my mind?

3. KNOWN FACTS

What reliable evidence supports or challenges my interpretation?

4. ASSUMPTIONS

What am I guessing, predicting, or treating as certain without enough evidence?

5. ALTERNATIVE PERSPECTIVE

What other plausible explanation fits the facts? What remains unknown?

PAUSE BEFORE REACTING WORKSHEET

Notice Urges and Choose a Response

An urge is a signal, not an instruction. A small pause can create more choice.

Date: _____

0-10 intensity: 0 = none, 10 = strongest

1. TRIGGER
What happened just before the urge? What did I notice or think?
2. URGE
What did I feel like doing, saying, or avoiding? Rate the urge from 0 to 10.
3. POSSIBLE CONSEQUENCES
What might happen now and later if I act on this urge?
4. PAUSE STRATEGY
What could help me pause: grounding, a comfortable breath, or a brief break?
5. CHOSEN ACTION
What action fits my needs, values, and the situation? What will I do or say next?

SMALL-STEP PROBLEM-SOLVING WORKSHEET

For Overwhelming Situations

Progress can mean learning what to adjust. You do not have to solve everything today.

Date: _____

0-10 intensity: 0 = none, 10 = strongest

1. PROBLEM
What specific problem do I want to work on? Choose one situation.

2. CONTROLLABLE PART
Which part can I influence? What is outside my control?

3. OPTIONS
What are a few possible ways forward? Include asking for support.

4. NEXT ACTION
What small step will I take, when, and with what support or resources?

5. REVIEW
What happened? What helped or got in the way? What will I keep or adjust?

SUPPORT AND COPING PLAN

What I Need in Difficult Moments

I can ask for support before things become overwhelming.

Date: _____

0-10 intensity: 0 = none, 10 = strongest

1. EARLY SIGNS

What changes in feelings, thoughts, body sensations, or behaviour do I notice?

2. HELPFUL STRATEGIES

What practical actions or changes to my surroundings help?

3. TRUSTED PEOPLE

Who can I contact, how can I reach them, and what support can they offer?

4. WAYS TO REQUEST SUPPORT

What could I say? What could I do if my first contact is unavailable?

SLEEP, MEALS AND MOVEMENT TRACKER

For Emotional Wellbeing

Adapt to your needs and circumstances. Notice patterns with curiosity, not judgment.

Week beginning: _____

0-10 intensity: 0 = none, 10 = strongest

DAY	REST Sleep + rest quality	REGULAR MEALS Meal routine	MOVEMENT What felt manageable?	CONNECTION Contact or support	EMOTIONAL PATTERNS Feelings + context
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					

REFLECTION

What helped, or what might I adjust next time?

EMOTIONAL REGULATION DAILY LOG

Track Feelings, Skills and Progress

Progress includes noticing, practising, and learning, not only feeling calmer.

Date: _____

0-10 intensity: 0 = none, 10 = strongest

SITUATION What happened?	EMOTION INTENSITY Feeling + rating 0-10	SKILL USED What did I try?	RESPONSE What did I do? What changed?	LEARNING What helped? What might I adjust?

REFLECTION

What helped, or what might I adjust next time?