

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

## S.A.S

(self-assessment sheet)

Was there a "TRIGGER"? What was the situation that UPSET YOU?

Where were you? \_\_\_\_\_

Who was there? \_\_\_\_\_

BRIEFLY - Tell us what happened? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What were you THINKING? \_\_\_\_\_

\_\_\_\_\_

How UPSET were you? Circle one:

1	2	3	4	5
Very upset	Really	Moderately	Mildly	Not at all
			But still ok	

What did you DO? How did you handle this situation? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you use any techniques or ways to cope differently with your distress?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How well do you feel you handled yourself? Circle one:

1	2	3	4	5
Poorly	Not so well	Okay	Good	Great

What were the consequences? What happened as a result of how you handled this situation? Short term? Long-term? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT WOULD YOU DO DIFFERENTLY? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_