

Self-Soothing

Due Date: _____ Name: _____ Week Starting: _____

For each self-soothing skill, write down what you did during the week, and write down a number to indicate how effective the skill was in helping you tolerate the distress and cope with the situation (keeping you from doing something to make the situation worse). Use the following scale:

*I still couldn't stand
the situation, even
for one more minute.*

1

2

*I was able to cope somewhat,
at least for a little while.
It helped somewhat.*

3

*I could use skills,
tolerated distress, and
resisted problem urges.*

4

5

Day:

VISION

_____/_____ Effectiveness: _____
_____/_____ Effectiveness: _____
_____/_____ Effectiveness: _____
_____/_____ Effectiveness: _____

Day:

HEARING

_____/_____ Effectiveness: _____
_____/_____ Effectiveness: _____
_____/_____ Effectiveness: _____
_____/_____ Effectiveness: _____

Day:

SMELL

_____/_____ Effectiveness: _____
_____/_____ Effectiveness: _____
_____/_____ Effectiveness: _____
_____/_____ Effectiveness: _____

Day:

TASTE

_____/_____ Effectiveness: _____
_____/_____ Effectiveness: _____
_____/_____ Effectiveness: _____
_____/_____ Effectiveness: _____

Day:

TOUCH

_____/_____ Effectiveness: _____
_____/_____ Effectiveness: _____
_____/_____ Effectiveness: _____
_____/_____ Effectiveness: _____

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