

Choice Point Worksheet

Name: _____ Date: _____ dd / mm / yyyy

Therapist: _____

AWAY MOVES

List the actions or thoughts that could lead you away from your values:

TOWARDS MOVES

List the actions or thoughts that could lead you towards your values:

HELPERS

Values:

Goals:

Skills:

SITUATION

Describe the situation where you faced a choice point:

THOUGHTS

What thoughts were going through your mind?

FEELINGS

What emotions did you feel during this moment?

OPTIONS

Option 1

How does this choice align with your values?

Short-term consequences:

Long-term benefits:

Option 2

How does this choice align with your values?

Short-term consequences:

Long-term benefits:

ADDITIONAL OPTIONS (IF ANY)

Specify below:

CLINICIAN'S NOTES AND RECOMMENDATIONS

Observations:

Recommendations:

SIGNATURES

Client's signature:

Date: _____ dd / mm / yyyy

Therapist's signature:

Date: _____ dd / mm / yyyy