Coping Skills Checklist

Name: _____ Date of Birth: _____ dd / mm / yyyy

Practitioner: _____ Date: _____ dd / mm / yyyy

Current Coping Skills

Notes:

New Coping Skills

Notes:

Coping Skills that I might want to try

Notes:

Coping Skills that do not help me

Notes:

New Coping Skills that have helped me

Notes:

Additional Notes