

Things I Can Control Worksheet

Patient Name: _____ Date: _____ dd / mm / yyyy

Gender: _____

Start by identifying controllable aspects and listing them in the "Within My Control" section. Then, identify factors you can influence but not fully control, placing them in the "Influenceable, but Not Fully Controllable" section. Finally, recognize factors entirely beyond your control and list them in the "Beyond My Control" section.

Within My Control:

Influenceable, but Not Fully Controllable:

Beyond My Control: