



**Gaming Approaches Towards Education. LLC**

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**Coping Strategies Checklist**

Name \_\_\_\_\_ Date \_\_\_\_\_

- |                                                                                                                         |                                                                                |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Blow Bubbles                                                                                   | <input type="checkbox"/> Punch a Pillow or Scream into a Pillow                |
| <input type="checkbox"/> Build Something                                                                                | <input type="checkbox"/> Put a Puzzle Together                                 |
| <input type="checkbox"/> Cook or Bake                                                                                   | <input type="checkbox"/> Read Inspirational Quotes                             |
| <input type="checkbox"/> Count to 10, 20 or 100                                                                         | <input type="checkbox"/> Read, Watch, Write, or Draw Something Funny           |
| <input type="checkbox"/> Do Something Kind for Others                                                                   | <input type="checkbox"/> Rephrase Your Thoughts in a Healthier Way             |
| <input type="checkbox"/> Do Something You Love                                                                          | <input type="checkbox"/> Rip paper into Pieces                                 |
| <input type="checkbox"/> Draw or Color                                                                                  | <input type="checkbox"/> Set a Goal                                            |
| <input type="checkbox"/> Draw Yourself Surrounded by the People, Places, or Things You Love                             | <input type="checkbox"/> Schedule Time for Yourself                            |
| <input type="checkbox"/> Drink Cold Water                                                                               | <input type="checkbox"/> Share Something Cool with Someone                     |
| <input type="checkbox"/> Focus on Positive Emotional Images                                                             | <input type="checkbox"/> Sit, Tense and Relax Your Muscles or Stretch          |
| <input type="checkbox"/> Garden                                                                                         | <input type="checkbox"/> Smile at Others or Yourself in a Mirror               |
| <input type="checkbox"/> Give a Hug – To Someone Else, Yourself, or a Stuff Animal                                      | <input type="checkbox"/> Squeeze a Stress Ball                                 |
| <input type="checkbox"/> Give Yourself Some Credit                                                                      | <input type="checkbox"/> Take Pictures                                         |
| <input type="checkbox"/> Hyper Focus on An Object                                                                       | <input type="checkbox"/> Take a Walk or Go for a Jog                           |
| <input type="checkbox"/> Identify Positive Thoughts, Keep Distracted through Recreation, Art, Music, or Work Activities | <input type="checkbox"/> Talk to an Adult, or Elder                            |
| <input type="checkbox"/> Laugh Out Loud                                                                                 | <input type="checkbox"/> Tell or Share a Story                                 |
| <input type="checkbox"/> Listen to Nature Sounds                                                                        | <input type="checkbox"/> Think of Something Funny, or of a Pet You Love        |
| <input type="checkbox"/> List Your Positive Qualities                                                                   | <input type="checkbox"/> Use a Relaxation App                                  |
| <input type="checkbox"/> Make Positive Self-Statements                                                                  | <input type="checkbox"/> Visualize a Stop Sign to Interrupt Unhelpful Thoughts |
| <input type="checkbox"/> Organize or Clean                                                                              | <input type="checkbox"/> Watch Your Favorite Movie                             |
| <input type="checkbox"/> Paint Your Nails                                                                               | <input type="checkbox"/> Write a poem, list, or story                          |
| <input type="checkbox"/> Pet an Animal                                                                                  | <input type="checkbox"/> Write a positive note to yourself or others           |
| <input type="checkbox"/> Plan a Fun Day                                                                                 | <input type="checkbox"/> Write a Thank You Note , a Journal or Blog Post       |
| <input type="checkbox"/> Play an Instrument                                                                             |                                                                                |
| <input type="checkbox"/> Play Sports                                                                                    |                                                                                |
| <input type="checkbox"/> Play with Clay                                                                                 |                                                                                |
| <input type="checkbox"/> Play with Sand                                                                                 |                                                                                |
| <input type="checkbox"/> Practice Apologizing (to Others and Yourself)                                                  |                                                                                |
| <input type="checkbox"/> Practice Meditation or Yoga                                                                    |                                                                                |
| <input type="checkbox"/> Other _____                                                                                    |                                                                                |