

**DECISION-MAKING SHEET**

Name \_\_\_\_\_

Date \_\_\_\_\_

1. What was happening before the problem occurred? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  2. What was your behavior when the problem began? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  3. How did you feel? \_\_\_\_\_
  4. What other things could you have done? Name at least 4 that would have been more appropriate. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  5. Which one of the 3 behaviors you listed in question 4 would you like best?  
\_\_\_\_\_  
Why would you prefer to do that? \_\_\_\_\_  
\_\_\_\_\_  
What would you have earned if you had chosen that behavior instead of the one you described in question 2? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  6. What has the problem behavior earned for you? \_\_\_\_\_  
\_\_\_\_\_
  7. How are you feeling now? \_\_\_\_\_  
\_\_\_\_\_
  8. Did you make any good decisions in spite of the problem? What were they?  
\_\_\_\_\_  
\_\_\_\_\_
  9. What can you do now to help yourself have a good day? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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