Coping Pattern Worksheet

Observe a pattern without using the worksheet to diagnose yourself or another person.

Prompt	Your notes
Situation or trigger	
Thought or prediction	
Body sensations	
Action or avoidance	
Short-term consequence	
Long-term consequence	
Skill or support tried	
What happened	
One small next step	

Questions for reflection

Question	Notes
How long has this pattern been present?	
What increases or reduces it?	

Question	Notes
What activities are affected?	
What support has been tried?	
Is safety or daily functioning affected?	

Medical information disclaimer: This worksheet is general educational information, not diagnosis, treatment, or individualized medical advice. Seek qualified help when distress is persistent, worsening, unsafe, or disrupting daily life. Use local emergency or crisis services for urgent safety concerns.