

# Self Evaluation of My Reactions

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

**Instructions: Fill in and rate your reactions to your feelings in terms of how helpful they were to you in the situation. *Did they make you feel better? Did they positively affect the outcome of the situation? Were they an appropriate reaction to the situation?* Objectively and critically think about your reactions. *If someone else reacted the way you did, how would you rate them?***

My reaction to feeling stressed: \_\_\_\_\_

5 Best Reaction	4 Good Reaction	3 Okay Reaction	2 Bad Reaction	1 Worst Reaction
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My reaction to feeling upset/mad: \_\_\_\_\_

5 Best Reaction	4 Good Reaction	3 Okay Reaction	2 Bad Reaction	1 Worst Reaction
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My reaction to feeling sad: \_\_\_\_\_

5 Best Reaction	4 Good Reaction	3 Okay Reaction	2 Bad Reaction	1 Worst Reaction
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