

## 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 four that would have been more appropriate. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Which one of the four 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? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_