

Please Help:

What Happened:

The Reaction:

Did the way you felt match any of the options below, if not use other to explain how you felt in your own words.

- ☐ **Fight** I was angry so I lashed out to try to protect myself.
- ☐ **Flight** I was anxious so I tried to remove myself from the situation to try to protect myself.
- ☐ **Freeze** I knew something bad was going to happen so I shut down and numbed my feelings to try to protect myself.
- ☐ **Other** _____

The Factors:

Sometimes you might have big reactions that have the above impacts because you had a bad day. Other times you might have big reactions because it is related to other difficult things you may have experienced in your life. Sometimes it can be hard to know what the reason is for why you are experiencing big emotions. Try these questions to help you figure it out.

- Was there something specific you were afraid of or something that you thought might happen? If so, what was it?
- Have you ever felt this way before? If so, when and how often?
- Are there things that have happened to you in the past that could be connected to what happened and the resulting feelings? If so, what?

If you seem to experience the same big feelings a lot and think there could be connections to hard things you have been through before, it's a good idea to find a trusted adult to talk to. Talking about problems is the first step towards managing them. If you don't have anybody to talk to you can always reach out to our hotline: 800-448-3000.

The Impacts:

Did what happened cause any of the impacts mentioned below? Mark all that apply.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> not being able to sleep | <input type="checkbox"/> inability to concentrate | <input type="checkbox"/> withdrawing from others | <input type="checkbox"/> having a feeling of not caring |
| <input type="checkbox"/> thoughts of self-harm | <input type="checkbox"/> lack of motivation | <input type="checkbox"/> loss of interest in hobbies | <input type="checkbox"/> clinging to others |
| <input type="checkbox"/> suicidal thoughts | <input type="checkbox"/> ongoing panic attacks | <input type="checkbox"/> ongoing feelings of rage | <input type="checkbox"/> sleeping too much |
| <input type="checkbox"/> strained relationships | <input type="checkbox"/> fear of making decisions | <input type="checkbox"/> thoughts of harming someone else | <input type="checkbox"/> uncontrolled eating |
| <input type="checkbox"/> loss of appetite | <input type="checkbox"/> increased jumpiness | <input type="checkbox"/> indifference to things in your life | <input type="checkbox"/> unusual health symptoms |
| <input type="checkbox"/> use of substances | <input type="checkbox"/> feeling of hopelessness | <input type="checkbox"/> increased need for perfection | <input type="checkbox"/> thoughts of not wanting to go on living/waking up |
| <input type="checkbox"/> lack of personal hygiene | <input type="checkbox"/> school problems | <input type="checkbox"/> fear of being alone | |
| <input type="checkbox"/> other: _____ | | | |

The impacts can make your life complicated and difficult. If you are struggling with ongoing impacts, reach out to a trusted adult. You do not have to face this alone. There is hope and help. If you're not sure who to talk to, you can always call our hotline: 800-448-3000.

YOUR Life YOUR Voice
www.yourlifeyourvoice.org