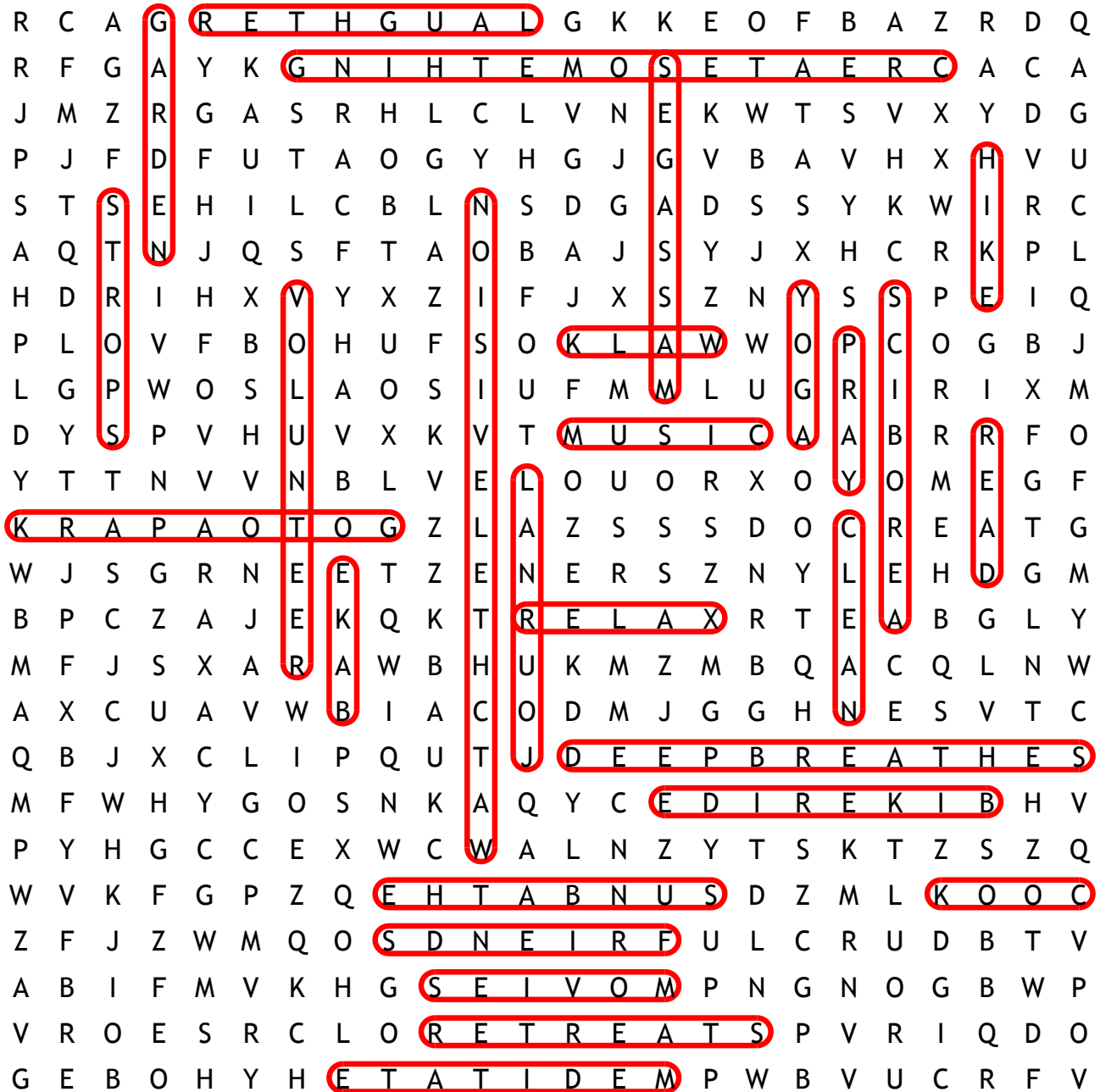


Name: _____

Date: _____

Coping Skills Activities



create something
volunteer
meditate
friends
sports
cook
walk

watch television
bike ride
retreats
journal
clean
hike
yoga

deep breathes
laughter
sunbathe
garden
music
pray
bake

go to a park
massages
aerobics
movies
relax
read