

Conscious Completion, Inc. Self-Regulation Therapy worksheet

Please outline items below or on a separate paper (details not needed). Name _____

Falls/Sports Injury:

Life Threatening Illness/High Fevers:

Poisoning/Vaccination Complications:

Fetal Distress/Birth Complications:

Hospitalization/Prolonged Immobilization:

Bullying/Family Violence/Witnessing Violence/Animal Attacks:

War/Physical Abuse/Verbal Abuse/ Sexual Abuse/Neglect (misuse of power, oppression, brain washing, gaslighting, chaos, self-loathing, projected shame, persecution, hate crimes, torture, racism, shunning, stigmatization, scorn, hidden away, shut down, personal power blocked):

Threat of Terrorist Attack/Kidnapping/Being Lost/Loved one or pet lost:

Divorce/Death of Loved One or Pet/Separation/Suicide/Survivor's Guilt:

Theft/Disaster Related to Possessions/Immigrant/exile:

Natural Disasters (Fires, Earthquakes, Floods, Tornadoes, Hurricanes, Volcanoes and Tsunamis):

Accidents (Car, etc):

Wisdom teeth removal/Fillings/Root canal/Other Dental procedures:

Stitches/Needles/IVs/Exploratory exams/Surgery:

Addiction (drug, alcohol, food, money, sex, codependency, tv/video games/cell/internet, work):

Exposure To Extremes of Temperature/Others: