

Name _____ Date _____ Class Period _____

WHICH OF THESE CAN YOU CONTROL?

Write "Yes" on the line in front of those things which you can control. Write "No" on the line in front of those things which you cannot control. If you are unsure or think that sometimes you may be able to control a situation, write "Maybe" on the line.

Rain

Your parents' feelings

Doing your homework on time

An accident on the highway

How fast your hair grows

Where your school is located

If your best friend is angry

Your own anger

How you deal with your own anger

How you walk

Whether or not you smoke cigarettes

Your handwriting

A friend's decision to use drugs

