

Emotions Worksheet

Name	Date
What is the primary emotion you are experiencing and want to explore?	
Rate the intensity of this emotion from 0 (very weak) to 10 (very intense)	
List any secondary emotions you are experiencing alongside your primary emotion	
Describe the <u>situation</u> that made you feel this way	
What <u>thoughts</u> did you have when you felt this way?	
What <u>physical feelings</u> did you have as a result of this emotion?	
What was your <u>behavioral response</u> (i.e., what did you do/not do) when you felt this emotion?	
What was the <u>outcome</u> of your behavior?	
Was this a desirable outcome for you? If not, what are some <u>alternative behaviors</u> that could produce a <u>better outcome</u> next time? List the alternative behaviors and their likely outcomes below	