

Emotional Scales

Client Information:

Name:

Date of Assessment:

Practitioner's Name:

Instructions:

Please rate the intensity of your emotional experience in the past week on a scale from **0 (not at all) to 10 (extremely intense)**. Also, provide a brief description of the situations that triggered these emotions.

Anxiety

Rating:

Triggering Situations:

Depression

Rating:

Triggering Situations:

Anger

Rating:

Triggering Situations:

Happiness

Rating:

Triggering Situations:

Stress

Rating:

Triggering Situations:

Fear

Rating:

Triggering Situations:

Excitement

Rating:

Triggering Situations:

Sadness

Rating:

Triggering Situations:

Guilt

Rating:

Triggering Situations:

Contentment

Rating:

Triggering Situations:

Overall Emotional Wellness Score:

Sum of Ratings:

Additional Notes:

Practitioner's Signature:

Date: