

# 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)

0      1      2      3      4      5      6      7      8      9      10

List any secondary emotions you are experiencing alongside your primary emotion.

Describe the situation that made you feel this way.

What thoughts did you have when you felt this way?

What physical feelings did you have as a result of this emotion?

What was your behavioral response (i.e., what did you do/not do) when you felt this emotion?

What was the outcome of your behavior?

Was this a desirable outcome for you? If not, what are some alternative behaviors that could produce a better outcome next time? List the alternative behaviors and their likely outcomes below.