

Feelings Chart

Name: _____

Date: _____

Parent/Guardian/Physician's Name: _____

Happy	Surprised	Bad	Fearful
<input type="checkbox"/> Playful	<input type="checkbox"/> Startled	<input type="checkbox"/> Bored	<input type="checkbox"/> Scared
<input type="checkbox"/> Content	<input type="checkbox"/> Confused	<input type="checkbox"/> Busy	<input type="checkbox"/> Anxious
<input type="checkbox"/> Interested	<input type="checkbox"/> Amazed	<input type="checkbox"/> Stressed	<input type="checkbox"/> Insecure
<input type="checkbox"/> Proud	<input type="checkbox"/> Excited	<input type="checkbox"/> Tired	<input type="checkbox"/> Weak
<input type="checkbox"/> Accepted	<input type="checkbox"/> Shocked	<input type="checkbox"/> Indifferent	<input type="checkbox"/> Rejected
<input type="checkbox"/> Powerful	<input type="checkbox"/> Dismayed	<input type="checkbox"/> Apathetic	<input type="checkbox"/> Threatened
<input type="checkbox"/> Peaceful	<input type="checkbox"/> Disillusioned	<input type="checkbox"/> Pressured	<input type="checkbox"/> Helpless
<input type="checkbox"/> Trusting	<input type="checkbox"/> Perplexed	<input type="checkbox"/> Rushed	<input type="checkbox"/> Frightened
<input type="checkbox"/> Optimistic	<input type="checkbox"/> Astonished	<input type="checkbox"/> Overwhelmed	<input type="checkbox"/> Overwhelmed
<input type="checkbox"/> Aroused	<input type="checkbox"/> Awe	<input type="checkbox"/> Out of control	<input type="checkbox"/> Worried
<input type="checkbox"/> Cheeky	<input type="checkbox"/> Eager	<input type="checkbox"/> Sleepy	<input type="checkbox"/> Inadequate
<input type="checkbox"/> Free	<input type="checkbox"/> Energetic	<input type="checkbox"/> Unfocussed	<input type="checkbox"/> Inferior
<input type="checkbox"/> Joyful			<input type="checkbox"/> Worthless
<input type="checkbox"/> Curious			<input type="checkbox"/> Insignificant
<input type="checkbox"/> Inquisitive			<input type="checkbox"/> Excluded
<input type="checkbox"/> Successful			<input type="checkbox"/> Persecuted
<input type="checkbox"/> Confident			<input type="checkbox"/> Nervous
<input type="checkbox"/> Respected			<input type="checkbox"/> Exposed
<input type="checkbox"/> Valued			
<input type="checkbox"/> Courageous			
<input type="checkbox"/> Creative			
<input type="checkbox"/> Loving			
<input type="checkbox"/> Thankful			
<input type="checkbox"/> Sensitive			
<input type="checkbox"/> Intimate			
<input type="checkbox"/> Hopeful			
<input type="checkbox"/> Inspired			

Angry	Surprised	Bad
<input type="checkbox"/> Let down <input type="checkbox"/> Humiliated <input type="checkbox"/> Bitter <input type="checkbox"/> Mad <input type="checkbox"/> Aggressive <input type="checkbox"/> Frustrated <input type="checkbox"/> Distant <input type="checkbox"/> Critical <input type="checkbox"/> Betrayed <input type="checkbox"/> Resentful <input type="checkbox"/> Dis-respected <input type="checkbox"/> Ridiculed <input type="checkbox"/> Indignant <input type="checkbox"/> Violated <input type="checkbox"/> Furious <input type="checkbox"/> Jealous <input type="checkbox"/> Provoked <input type="checkbox"/> Hostile <input type="checkbox"/> Infuriated <input type="checkbox"/> Annoyed <input type="checkbox"/> Withdrawn <input type="checkbox"/> Numb <input type="checkbox"/> Skeptical <input type="checkbox"/> Dismissive	<input type="checkbox"/> Disapproving <input type="checkbox"/> Disappointed <input type="checkbox"/> Awful <input type="checkbox"/> Repelled <input type="checkbox"/> Judgmental <input type="checkbox"/> Embarrassed <input type="checkbox"/> Appalled <input type="checkbox"/> Revolted <input type="checkbox"/> Nauseated <input type="checkbox"/> Detestable <input type="checkbox"/> Horrified <input type="checkbox"/> Hesitant	<input type="checkbox"/> Lonely <input type="checkbox"/> Vulnerable <input type="checkbox"/> Despair <input type="checkbox"/> Guilty <input type="checkbox"/> Depressed <input type="checkbox"/> Hurt <input type="checkbox"/> Isolated <input type="checkbox"/> Abandoned <input type="checkbox"/> Victimized <input type="checkbox"/> Fragile <input type="checkbox"/> Grief <input type="checkbox"/> Powerless <input type="checkbox"/> Ashamed <input type="checkbox"/> Remorseful <input type="checkbox"/> Empty <input type="checkbox"/> Inferior <input type="checkbox"/> Dis-appointed <input type="checkbox"/> Embarrassed

Notes: