

Feelings Chart

Name: _____

Date: _____

Parent/Guardian/Physician's Name: _____



Peaceful



Grateful



Awe



Connected



Love



Joy



Safe



Calm



Curious



Happy



Creative



Excited



Chill



Cozy



Fine



Pleasant



Silly



Energetic



Tired



Disappointed



Bored



Annoyed



Frustrated



Rowdy



Miserable



Sad



Shy



Embarrassed



Angry



Stressed



Depressed



Lonely



Ashamed



Anxious



Jealous



Furious

Notes: