

Feelings Wheel for Kids Worksheet

Your information

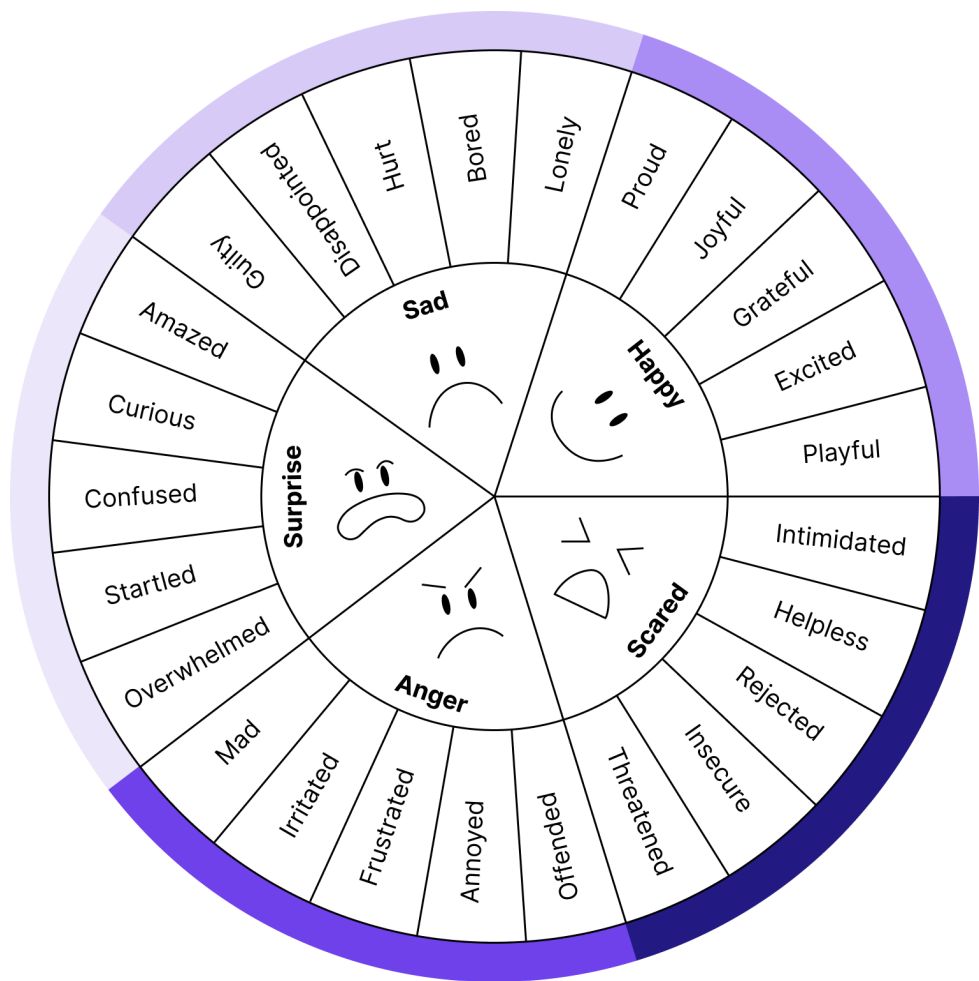
Your full name:

Your age:

Your gender:

Date submitted:

Feelings wheel



Why are you feeling the way you are feeling now?

Do you like/don't like feeling this way? Why?

Additional notes