

# Feelings Worksheet

Name	Date
Think of a <b>prominent feeling</b> that you're experiencing and want to explore:	
On a scale from 1 (not feeling at all) to 10 (most intense), <b>how intensely</b> you're feeling this right now:	
<b>Why are you feeling this way? Describe your thoughts</b>	
<b>How does your body respond to this feeling?</b>	
<b>How does this feeling affect your behavior?</b>	
<b>How does this feeling affect others?</b>	
<b>How often do you feel this way?</b>	
<b>Do you think this is a positive or negative feeling?</b>	
<b>If you want to change this feeling, what are some ways you can overcome it?</b>	