

Feelings Worksheet

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