

# HOFFMAN FEELINGS LIST

FEELINGS LIST			
<p><b><u>Accepting / Open</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Calm</li> <li><input type="checkbox"/> Centered</li> <li><input type="checkbox"/> Content</li> <li><input type="checkbox"/> Fulfilled</li> <li><input type="checkbox"/> Patient</li> <li><input type="checkbox"/> Peaceful</li> <li><input type="checkbox"/> Present</li> <li><input type="checkbox"/> Relaxed</li> <li><input type="checkbox"/> Serene</li> <li><input type="checkbox"/> Trusting</li> </ul> <p><b><u>Connected / Loving</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Accepting</li> <li><input type="checkbox"/> Affectionate</li> <li><input type="checkbox"/> Caring</li> <li><input type="checkbox"/> Compassion</li> <li><input type="checkbox"/> Empathy</li> <li><input type="checkbox"/> Fulfilled</li> <li><input type="checkbox"/> Present</li> <li><input type="checkbox"/> Safe</li> <li><input type="checkbox"/> Warm</li> <li><input type="checkbox"/> Worthy</li> </ul>	<p><b><u>Aliveness / Joy</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Amazed</li> <li><input type="checkbox"/> Awe</li> <li><input type="checkbox"/> Bliss</li> <li><input type="checkbox"/> Delighted</li> <li><input type="checkbox"/> Eager</li> <li><input type="checkbox"/> Ecstatic</li> <li><input type="checkbox"/> Enchanted</li> <li><input type="checkbox"/> Energized</li> <li><input type="checkbox"/> Engaged</li> <li><input type="checkbox"/> Enthusiastic</li> <li><input type="checkbox"/> Excited</li> <li><input type="checkbox"/> Free</li> <li><input type="checkbox"/> Happy</li> <li><input type="checkbox"/> Inspired</li> <li><input type="checkbox"/> Invigorated</li> <li><input type="checkbox"/> Lively</li> <li><input type="checkbox"/> Passionate</li> <li><input type="checkbox"/> Playful</li> <li><input type="checkbox"/> Radiant</li> <li><input type="checkbox"/> Refreshed</li> <li><input type="checkbox"/> Rejuvenated</li> <li><input type="checkbox"/> Renewed</li> <li><input type="checkbox"/> Satisfied</li> <li><input type="checkbox"/> Thrilled</li> <li><input type="checkbox"/> Vibrant</li> </ul>	<p><b><u>Angry / Annoyed</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Agitated</li> <li><input type="checkbox"/> Aggravated</li> <li><input type="checkbox"/> Bitter</li> <li><input type="checkbox"/> Contempt</li> <li><input type="checkbox"/> Cynical</li> <li><input type="checkbox"/> Disdain</li> <li><input type="checkbox"/> Disgruntled</li> <li><input type="checkbox"/> Disturbed</li> <li><input type="checkbox"/> Edgy</li> <li><input type="checkbox"/> Exasperated</li> <li><input type="checkbox"/> Frustrated</li> <li><input type="checkbox"/> Furious</li> <li><input type="checkbox"/> Grouchy</li> <li><input type="checkbox"/> Hostile</li> <li><input type="checkbox"/> Impatient</li> <li><input type="checkbox"/> Irritated</li> <li><input type="checkbox"/> Irate</li> <li><input type="checkbox"/> Moody</li> <li><input type="checkbox"/> On edge</li> <li><input type="checkbox"/> Outraged</li> <li><input type="checkbox"/> Pissed</li> <li><input type="checkbox"/> Resentful</li> <li><input type="checkbox"/> Upset</li> <li><input type="checkbox"/> Vindictive</li> </ul>	<p><b><u>Courageous / Powerful</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Adventurous</li> <li><input type="checkbox"/> Brave</li> <li><input type="checkbox"/> Capable</li> <li><input type="checkbox"/> Confident</li> <li><input type="checkbox"/> Daring</li> <li><input type="checkbox"/> Determined</li> <li><input type="checkbox"/> Free</li> <li><input type="checkbox"/> Grounded</li> <li><input type="checkbox"/> Proud</li> <li><input type="checkbox"/> Strong</li> <li><input type="checkbox"/> Worthy</li> <li><input type="checkbox"/> Valiant</li> </ul> <p><b><u>Curious</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Engaged</li> <li><input type="checkbox"/> Exploring</li> <li><input type="checkbox"/> Fascinated</li> <li><input type="checkbox"/> Interested</li> <li><input type="checkbox"/> Intrigued</li> <li><input type="checkbox"/> Involved</li> <li><input type="checkbox"/> Stimulated</li> </ul> <p style="text-align: right;"><i>(cont. on next page)</i></p>

FEELINGS LIST			
<p><b><u>Despair / Sad</u></b></p> <input type="checkbox"/> Anguish <input type="checkbox"/> Depressed <input type="checkbox"/> Despondent <input type="checkbox"/> Disappointed <input type="checkbox"/> Discouraged <input type="checkbox"/> Forlorn <input type="checkbox"/> Gloomy <input type="checkbox"/> Grief <input type="checkbox"/> Heartbroken <input type="checkbox"/> Hopeless <input type="checkbox"/> Lonely <input type="checkbox"/> Longing <input type="checkbox"/> Melancholy <input type="checkbox"/> Sorrow <input type="checkbox"/> Teary <input type="checkbox"/> Unhappy <input type="checkbox"/> Upset <input type="checkbox"/> Weary <input type="checkbox"/> Yearning <p><b><u>Fragile</u></b></p> <input type="checkbox"/> Helpless <input type="checkbox"/> Sensitive	<p><b><u>Disconnected / Numb</u></b></p> <input type="checkbox"/> Aloof <input type="checkbox"/> Bored <input type="checkbox"/> Confused <input type="checkbox"/> Distant <input type="checkbox"/> Empty <input type="checkbox"/> Indifferent <input type="checkbox"/> Isolated <input type="checkbox"/> Lethargic <input type="checkbox"/> Listless <input type="checkbox"/> Removed <input type="checkbox"/> Resistant <input type="checkbox"/> Shut Down <input type="checkbox"/> Uneasy <input type="checkbox"/> Withdrawn <p><b><u>Embarrassed / Shame</u></b></p> <input type="checkbox"/> Ashamed <input type="checkbox"/> Humiliated <input type="checkbox"/> Inhibited <input type="checkbox"/> Mortified <input type="checkbox"/> Self-conscious <input type="checkbox"/> Useless <input type="checkbox"/> Weak <input type="checkbox"/> Worthless	<p><b><u>Fear</u></b></p> <input type="checkbox"/> Afraid <input type="checkbox"/> Anxious <input type="checkbox"/> Apprehensive <input type="checkbox"/> Frightened <input type="checkbox"/> Hesitant <input type="checkbox"/> Nervous <input type="checkbox"/> Panic <input type="checkbox"/> Paralyzed <input type="checkbox"/> Scared <input type="checkbox"/> Terrified <input type="checkbox"/> Worried <p><b><u>Grateful</u></b></p> <input type="checkbox"/> Appreciative <input type="checkbox"/> Blessed <input type="checkbox"/> Delighted <input type="checkbox"/> Fortunate <input type="checkbox"/> Grace <input type="checkbox"/> Humbled <input type="checkbox"/> Lucky <input type="checkbox"/> Moved <input type="checkbox"/> Thankful <input type="checkbox"/> Touched <p><b><u>Guilt</u></b></p> <input type="checkbox"/> Regret <input type="checkbox"/> Remorseful <input type="checkbox"/> Sorry	<p><b><u>Hopeful</u></b></p> <input type="checkbox"/> Encouraged <input type="checkbox"/> Expectant <input type="checkbox"/> Optimistic <input type="checkbox"/> Trusting <p><b><u>Powerless</u></b></p> <input type="checkbox"/> Impotent <input type="checkbox"/> Incapable <input type="checkbox"/> Resigned <input type="checkbox"/> Trapped <input type="checkbox"/> Victim <p><b><u>Tender</u></b></p> <input type="checkbox"/> Calm <input type="checkbox"/> Caring <input type="checkbox"/> Loving <input type="checkbox"/> Reflective <input type="checkbox"/> Self-loving <input type="checkbox"/> Serene <input type="checkbox"/> Vulnerable <input type="checkbox"/> Warm

(cont. on next page)

FEELINGS LIST		BODY SENSATIONS	
<p><b>Stressed / Tense</b></p> <input type="checkbox"/> Anxious <input type="checkbox"/> Burned out <input type="checkbox"/> Cranky <input type="checkbox"/> Depleted <input type="checkbox"/> Edgy <input type="checkbox"/> Exhausted <input type="checkbox"/> Frazzled <input type="checkbox"/> Overwhelm <input type="checkbox"/> Rattled <input type="checkbox"/> Rejecting <input type="checkbox"/> Restless <input type="checkbox"/> Shaken <input type="checkbox"/> Tight <input type="checkbox"/> Weary <input type="checkbox"/> Worn out	<p><b><u>Unsettled / Doubt</u></b></p> <input type="checkbox"/> Apprehensive <input type="checkbox"/> Concerned <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Disturbed <input type="checkbox"/> Grouchy <input type="checkbox"/> Hesitant <input type="checkbox"/> Inhibited <input type="checkbox"/> Perplexed <input type="checkbox"/> Questioning <input type="checkbox"/> Rejecting <input type="checkbox"/> Reluctant <input type="checkbox"/> Shocked <input type="checkbox"/> Skeptical <input type="checkbox"/> Suspicious <input type="checkbox"/> Ungrounded <input type="checkbox"/> Unsure <input type="checkbox"/> Worried	<input type="checkbox"/> Achy <input type="checkbox"/> Airy <input type="checkbox"/> Blocked <input type="checkbox"/> Breathless <input type="checkbox"/> Bruised <input type="checkbox"/> Burning <input type="checkbox"/> Buzzy <input type="checkbox"/> Clammy <input type="checkbox"/> Clenched <input type="checkbox"/> Cold <input type="checkbox"/> Constricted <input type="checkbox"/> Contained <input type="checkbox"/> Contracted <input type="checkbox"/> Dizzy <input type="checkbox"/> Drained <input type="checkbox"/> Dull <input type="checkbox"/> Electric <input type="checkbox"/> Empty <input type="checkbox"/> Expanded <input type="checkbox"/> Flowing <input type="checkbox"/> Fluid <input type="checkbox"/> Fluttery <input type="checkbox"/> Frozen <input type="checkbox"/> Full <input type="checkbox"/> Gentle <input type="checkbox"/> Hard <input type="checkbox"/> Heavy	<input type="checkbox"/> Hollow <input type="checkbox"/> Hot <input type="checkbox"/> Icy <input type="checkbox"/> Itchy <input type="checkbox"/> Jumpy <input type="checkbox"/> Knotted <input type="checkbox"/> Light <input type="checkbox"/> Loose <input type="checkbox"/> Nauseous <input type="checkbox"/> Numb <input type="checkbox"/> Pain <input type="checkbox"/> Pounding <input type="checkbox"/> Prickly <input type="checkbox"/> Pulsing <input type="checkbox"/> Queasy <input type="checkbox"/> Radiating <input type="checkbox"/> Relaxed <input type="checkbox"/> Releasing <input type="checkbox"/> Rigid <input type="checkbox"/> Sensitive <input type="checkbox"/> Settled <input type="checkbox"/> Shaky <input type="checkbox"/> Shivery <input type="checkbox"/> Slow <input type="checkbox"/> Smooth <input type="checkbox"/> Soft <p><i>(cont. on next page)</i></p>

BODY SENSATIONS	NOTES
<ul style="list-style-type: none"><li><input type="checkbox"/> Sore</li><li><input type="checkbox"/> Spacey</li><li><input type="checkbox"/> Spacious</li><li><input type="checkbox"/> Sparkly</li><li><input type="checkbox"/> Stiff</li><li><input type="checkbox"/> Still</li><li><input type="checkbox"/> Suffocated</li><li><input type="checkbox"/> Sweaty</li><li><input type="checkbox"/> Tender</li><li><input type="checkbox"/> Tense</li><li><input type="checkbox"/> Throbbing</li><li><input type="checkbox"/> Tight</li><li><input type="checkbox"/> Tingling</li><li><input type="checkbox"/> Trembly</li><li><input type="checkbox"/> Twitchy</li><li><input type="checkbox"/> Vibrating</li><li><input type="checkbox"/> Warm</li><li><input type="checkbox"/> Wobbly</li><li><input type="checkbox"/> Wooden</li></ul>	