

# HOFFMAN FEELINGS LIST

FEELINGS LIST			
<p><b><u>Accepting / Open</u></b></p> <p><input type="checkbox"/> Calm</p> <p><input type="checkbox"/> Centered</p> <p><input type="checkbox"/> Content</p> <p><input type="checkbox"/> Fulfilled</p> <p><input type="checkbox"/> Patient</p> <p><input type="checkbox"/> Peaceful</p> <p><input type="checkbox"/> Present</p> <p><input type="checkbox"/> Relaxed</p> <p><input type="checkbox"/> Serene</p> <p><input type="checkbox"/> Trusting</p> <p><b><u>Connected / Loving</u></b></p> <p><input type="checkbox"/> Accepting</p> <p><input type="checkbox"/> Affectionate</p> <p><input type="checkbox"/> Caring</p> <p><input type="checkbox"/> Compassion</p> <p><input type="checkbox"/> Empathy</p> <p><input type="checkbox"/> Fulfilled</p> <p><input type="checkbox"/> Present</p> <p><input type="checkbox"/> Safe</p> <p><input type="checkbox"/> Warm</p> <p><input type="checkbox"/> Worthy</p>	<p><b><u>Aliveness / Joy</u></b></p> <p><input type="checkbox"/> Amazed</p> <p><input type="checkbox"/> Awe</p> <p><input type="checkbox"/> Bliss</p> <p><input type="checkbox"/> Delighted</p> <p><input type="checkbox"/> Eager</p> <p><input type="checkbox"/> Ecstatic</p> <p><input type="checkbox"/> Enchanted</p> <p><input type="checkbox"/> Energized</p> <p><input type="checkbox"/> Engaged</p> <p><input type="checkbox"/> Enthusiastic</p> <p><input type="checkbox"/> Excited</p> <p><input type="checkbox"/> Free</p> <p><input type="checkbox"/> Happy</p> <p><input type="checkbox"/> Inspired</p> <p><input type="checkbox"/> Invigorated</p> <p><input type="checkbox"/> Lively</p> <p><input type="checkbox"/> Passionate</p> <p><input type="checkbox"/> Playful</p> <p><input type="checkbox"/> Radiant</p> <p><input type="checkbox"/> Refreshed</p> <p><input type="checkbox"/> Rejuvenated</p> <p><input type="checkbox"/> Renewed</p> <p><input type="checkbox"/> Satisfied</p> <p><input type="checkbox"/> Thrilled</p> <p><input type="checkbox"/> Vibrant</p>	<p><b><u>Angry / Annoyed</u></b></p> <p><input type="checkbox"/> Agitated</p> <p><input type="checkbox"/> Aggravated</p> <p><input type="checkbox"/> Bitter</p> <p><input type="checkbox"/> Contempt</p> <p><input type="checkbox"/> Cynical</p> <p><input type="checkbox"/> Disdain</p> <p><input type="checkbox"/> Disgruntled</p> <p><input type="checkbox"/> Disturbed</p> <p><input type="checkbox"/> Edgy</p> <p><input type="checkbox"/> Exasperated</p> <p><input type="checkbox"/> Frustrated</p> <p><input type="checkbox"/> Furious</p> <p><input type="checkbox"/> Grouchy</p> <p><input type="checkbox"/> Hostile</p> <p><input type="checkbox"/> Impatient</p> <p><input type="checkbox"/> Irritated</p> <p><input type="checkbox"/> Irate</p> <p><input type="checkbox"/> Moody</p> <p><input type="checkbox"/> On edge</p> <p><input type="checkbox"/> Outraged</p> <p><input type="checkbox"/> Pissed</p> <p><input type="checkbox"/> Resentful</p> <p><input type="checkbox"/> Upset</p> <p><input type="checkbox"/> Vindictive</p>	<p><b><u>Courageous / Powerful</u></b></p> <p><input type="checkbox"/> Adventurous</p> <p><input type="checkbox"/> Brave</p> <p><input type="checkbox"/> Capable</p> <p><input type="checkbox"/> Confident</p> <p><input type="checkbox"/> Daring</p> <p><input type="checkbox"/> Determined</p> <p><input type="checkbox"/> Free</p> <p><input type="checkbox"/> Grounded</p> <p><input type="checkbox"/> Proud</p> <p><input type="checkbox"/> Strong</p> <p><input type="checkbox"/> Worthy</p> <p><input type="checkbox"/> Valiant</p> <p><b><u>Curious</u></b></p> <p><input type="checkbox"/> Engaged</p> <p><input type="checkbox"/> Exploring</p> <p><input type="checkbox"/> Fascinated</p> <p><input type="checkbox"/> Interested</p> <p><input type="checkbox"/> Intrigued</p> <p><input type="checkbox"/> Involved</p> <p><input type="checkbox"/> Stimulated</p> <p><i>(cont. on next page)</i></p>

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

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>	