Identifying Emotions Worksheet

Name:	Date:					
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Describe a recent situation that brought up strong emotions for you						
What happened?	Where were you?					
Who was involved?	What has been said or done?					
Physical sensations						
Check all that apply and add details:						
☐ Chest sensations (tightness, racing heart, etc.):						
☐ Stomach sensations (butterflies, nausea, etc.):						
☐ Muscle tension (where?):						
☐ Temperature changes (hot, cold, sweating):						
☐ Breathing changes:						
☐ Other sensations:						

Emotional experience						
Emotion(s) felt and their intensity (1–10)						
Emotion:	Intensity (1–10):					
Emotion:	Intensity (1–10):					
Emotion:	Intensity (1–10):					
Thoughts during the situation						
What went through your mind? Write down spe	cific thoughts:					
Behavior and action						
How did you respond? What did you do or wan	t to do?					
Reflection						
What triggered these emotions?						
How did these emotions influence your behavio	or?					
What would you like to do differently next time?						

Additional notes	

Remember: All emotions are valid and provide important information about our experiences and needs. This worksheet is a tool for understanding, not judging, your emotional responses.