## **Resentment Worksheet**

Name:	
Age:	
Date:	

## **Identifying Resentment** Describe a recent situation where you felt resentment: Who was involved in this situation? What specifically triggered your feelings of resentment? Understanding the Impact How did feeling resentful affect your thoughts? How did it impact your behavior and interactions with others? What physical or emotional sensations did you experience?

Exploring Underlying Emotions
What other emotions did you feel in this situation?
Anger
Hurt
E Fear
□ Sadness
Others:
Why do you think these emotions were present?
Patterns of Resentment
Have you noticed a pattern in the situations where you feel resentment?
What are the common themes or characteristics of these situations?
Coping Strategies
What strategies have you used in the past to cope with resentment?
How effective were these strategies?
What new strategies can you try?

Letting Go of Resentment
Identify one step you can take to address or let go of your resentment.
How will you implement this step?
Set a date to review your progress:
Mental Health Professional Details
Name of Professional:
Name of Practice:
Additional Notes, Observations, and Recommendations:
Date of Review: