

Shame and Guilt Worksheet

Your full name:

Your therapist's full name:

Date submitted:

Instructions: Please answer the following questions about shame and guilt. Be as detailed as you possibly can.

1. Try to remember one experience that made you feel shame and/or guilt. Describe that experience. What happened?

2. What did you think about in that situation? What did you do?

3. Did this experience motivate you in any way? Or did it do the opposite?

4. Are you able to notice when other people feel ashamed or guilty? If so, what do you think about when you notice them? What do you do?

5. Was there ever a point where your feelings of shame and guilt have affected your relationships with others? If so, how did it affect your relationships?

6. **OPTIONAL:** Do you have any coping strategies for your feelings of shame and guilt? It's okay if you don't. If you do, please share how you went about them and if they worked.