Emotion Reactivity Scale

Patient's full name: _____ **Date submitted:** _____ dd / mm / yyyy

Instructions: Please self-rate yourself based on the following statements.

1. When something happens that upsets me, it's all I can think about for a long time.

○ ○ ○ ○ ○
1 2 3 4 5

2. My feelings get hurt easily.

○ ○ ○ ○ ○
1 2 3 4 5

3. When I experience emotions, I feel them very strongly/intensely.

○ ○ ○ ○ ○
1 2 3 4 5

4. When I'm emotionally upset, my whole body gets physically upset as well.

○ ○ ○ ○ ○
1 2 3 4 5

5. I tend to get very emotional very easily.

○ ○ ○ ○ ○
1 2 3 4 5

6. I experience emotions very strongly.

○ ○ ○ ○ ○
1 2 3 4 5

7. I often feel extremely anxious.

○ ○ ○ ○ ○
1 2 3 4 5

8. When I feel emotional, it's hard for me to imagine feeling any other way.

○ ○ ○ ○ ○
1 2 3 4 5

9. Even the littlest things make me emotional.

○ ○ ○ ○ ○
1 2 3 4 5

10. If I have a disagreement with someone, it takes a long time for me to get over it.

○ ○ ○ ○ ○
1 2 3 4 5

11. When I am angry/upset, it takes me much longer than most people to calm down.

○ ○ ○ ○ ○
1 2 3 4 5

12. I get angry at people very easily.

○ ○ ○ ○ ○
1 2 3 4 5

13. I am often bothered by things that other people don't react to.

○ ○ ○ ○ ○
1 2 3 4 5

14. I am easily agitated.

1 2 3 4 5

15. My emotions go from neutral to extreme in an instant.

1 2 3 4 5

16. When something bad happens, my mood changes very quickly. People tell me I have a very short fuse.

1 2 3 4 5

17. People tell me that my emotions are often too intense for the situation.

1 2 3 4 5

18. I am a very sensitive person.

1 2 3 4 5

19. My moods are very strong and powerful.

1 2 3 4 5

20. I often get so upset it's hard for me to think straight.

1 2 3 4 5

21. Other people tell me I'm overreacting.

1 2 3 4 5

Subscales: • Sensitivity subscale (items 2, 5, 7, 9, 12, 13, 14, 15, 16, and 18) • Arousal/intensity subscale (items 3, 4, 6, 17, 19, 20, and 21) • Persistence subscale (items 1, 8, 10, and 11)

Sensitivity:

Arousal/intensity:

Persistence subscale:

Total score: _____ **Psychologist/therapist's full name:** _____

Signature: