Emotional Regulation Worksheet

PATIENT INFORMATION

Name: _____ Date: _____ dd / mm / yyyy

Therapist/Counselor: _____

Current Emotions (List and Describe):

Trigger(s) for Emotions (Describe the situation or event that triggered each emotion):

Thoughts and Beliefs (Identify and record any negative or irrational thoughts associated with these emotions):

Cognitive Reframing (Challenge and reframe negative thoughts with balanced perspectives):

Physical Sensations (Note any physical sensations linked to these emotions):

Behavioral Responses (Describe how you typically respond to these emotions):

Coping Strategies (List healthy coping techniques to manage these emotions):

Goal Setting (Set achievable emotional management goals for the future):

Additional Notes and Insights: