Emotional Scales

EMOTIONAL SCALES

Client Information:

Name: _____ **Date of Assessment:** _____ dd / mm / yyyy

Practitioner's Name: _____

Instructions: Please rate the intensity of your emotional experience in the past week on a scale from 0 (not at all) to 10 (extremely intense). Also, provide a brief description of the situations that triggered these emotions.

Anxiety - Rating: _____

Anxiety - Triggering Situations:

Depression - Rating: _____

Depression - Triggering Situations:

Anger - Rating: _____

Anger - Triggering Situations:

Happiness - Rating: _____

Happiness - Triggering Situations:

Stress - Rating: _____

Stress - Triggering Situations:

Fear - Rating: _____

Fear - Triggering Situations:

Excitement - Rating: _____

Excitement - Triggering Situations:

Sadness - Rating: _____

Sadness - Triggering Situations:

Guilt - Rating: _____

Guilt - Triggering Situations:

Contentment - Rating: _____

Contentment - Triggering Situations:

Overall Emotional Wellness Score:

Sum of Ratings: _____

Additional Notes:

Practitioner's Signature:

Date: _____ dd / mm / yyyy