Emotional Vibration Scale Assessment

PATIENT INFORMATION

Name: _____ Age: _____

Gender: _____ Date of Assessment: _____ dd / mm / yyyy

EMOTIONAL ASSESSMENT

I. Current Emotional State:

Current Emotional State:

II. Identifying Emotions:

Fear:

◯ Yes ◯ No

Fear Notes:

Grief:

◯ Yes ◯ No

Grief Notes:

Despair:

◯ Yes ◯ No

Despair Notes:

Guilt:

◯ Yes ◯ No

Guilt Notes:

Anger:

◯ Yes ◯ No

Anger Notes:

Doubt:

◯ Yes ◯ No

Doubt Notes:

Discouragement:

◯ Yes ◯ No

Discouragement Notes:

Blame:

◯ Yes ◯ No

Blame Notes:

Overwhelm:

◯ Yes ◯ No

Overwhelm Notes:

Frustration:

◯ Yes ◯ No

Frustration Notes:

Hopefulness:

◯ Yes ◯ No

Hopefulness Notes:

Optimism:

◯ Yes ◯ No

Optimism Notes:

Contentment:

◯ Yes ◯ No

Contentment Notes:

Acceptance:

◯ Yes ◯ No

Acceptance Notes:

Love:

◯ Yes ◯ No

Love Notes:

Joy:

◯ Yes ◯ No

Joy Notes:

Passion:

◯ Yes ◯ No

Passion Notes:

Gratitude:

◯ Yes ◯ No

Gratitude Notes:

Empowerment:

◯ Yes ◯ No

Empowerment Notes:

Freedom:

◯ Yes ◯ No

Freedom Notes:

III. IMPACT ON DAILY LIFE

Impact on Daily Life:

IV. GOAL SETTING

Goal Setting:

V. ACTION PLAN

Action Plan:

VI. FOLLOW-UP

Follow-up:

Notes: