

Gottman Feelings Wheel

GOTTMAN FEELINGS WHEEL

Name: _____ Date: _____ dd / mm / yyyy

Age: _____ Gender: _____

Notes:

Reference: The Feeling Wheel. (n.d.). https://www.uwlax.edu/globalassets/officesservices/counseling/othermedia/the-gottman-institute_the-feeling-wheel.pdf