# Identifying Emotions Worksheet

Name: _____ Date: _____ dd / mm / yyyy

## DESCRIBE A RECENT SITUATION THAT BROUGHT UP STRONG EMOTIONS FOR YOU

What happened?

Where were you?

Who was involved?

What has been said or done?

## PHYSICAL SENSATIONS

Check all that apply:

- [ ] Chest sensations (tightness, racing heart, etc.)
- [ ] Stomach sensations (butterflies, nausea, etc.)
- [ ] Muscle tension (where?)
- [ ] Temperature changes (hot, cold, sweating)
- [ ] Breathing changes
- [ ] Other

**Add details of the selected sensations above**

Chest sensations (tightness, racing heart, etc.):

Stomach sensations (butterflies, nausea, etc.):

Muscle tension (where?):

Temperature changes (hot, cold, sweating):

Breathing changes:

Other sensations:

## EMOTIONAL EXPERIENCE

**Emotion(s) felt and their intensity (1-10)**

Emotion: _____

Intensity (1-10):

○ ○ ○ ○ ○ ○ ○ ○ ○ ○

1 2 3 4 5 6 7 8 9 10

Emotion: _____

Intensity (1-10):

○ ○ ○ ○ ○ ○ ○ ○ ○ ○

1 2 3 4 5 6 7 8 9 10

Emotion: _____

Intensity (1-10):

○ ○ ○ ○ ○ ○ ○ ○ ○ ○

1 2 3 4 5 6 7 8 9 10

## THOUGHTS DURING THE SITUATION

What went through your mind? Write down specific thoughts:

## BEHAVIOR AND ACTION

How did you respond? What did you do or want to do?

## REFLECTION

What triggered these emotions?

How did these emotions influence your behavior?

What would you like to do differently next time?

## ADDITIONAL NOTES

Specify below:

Remember: All emotions are valid and provide important information about our experiences and needs. This worksheet is a tool for understanding, not judging, your emotional responses.