Unmet Emotional Needs Worksheet

Name: _____ Gender: _____

Date of birth: _____ dd / mm / yyyy Date: _____ dd / mm / yyyy

This worksheet is designed to help you identify and understand your emotional needs. Take your time with each section, and be honest in your responses. Share and discuss your insights with your healthcare provider.

CURRENT EMOTIONAL STATE

How are you feeling right now?

What emotions have been most frequent in the past week?

ASSESSING YOUR EMOTIONAL NEEDS

Rate how well each need is being met in your life (1 = Not met at all; 5 = Fully met)

Love and affection:

○ ○ ○ ○ ○
1 2 3 4 5

Understanding and empathy:

○ ○ ○ ○ ○
1 2 3 4 5

Security and safety:

○ ○ ○ ○ ○
1 2 3 4 5

Connection and belonging:

○ ○ ○ ○ ○
1 2 3 4 5

Appreciation and recognition:

○ ○ ○ ○ ○
1 2 3 4 5

Autonomy and independence:

○ ○ ○ ○ ○
1 2 3 4 5

Growth and self-fulfillment:

○ ○ ○ ○ ○
1 2 3 4 5

Apart from those listed, what other emotional needs do you feel are unmet?

Which of the above needs feel most important to address right now?

IMPACT OF UNMET EMOTIONAL NEEDS

How have your unmet needs affected your:

Daily life:

Relationships:

Work/school:

UNDERSTANDING THE ORIGINS

Reflect on your childhood and upbringing. What experiences might have contributed to these unmet needs?

Consider your past relationships (both romantic and platonic). How have these relationships influenced your emotional needs?

Are there any cultural, societal, or family norms that have shaped your emotional needs or the way they have been addressed?

ADDRESSING UNMET EMOTIONAL NEEDS

List healthy coping mechanisms that could help you manage emotions related to unmet needs.

Are there professional resources (such as therapy, counseling, support groups) that might help? List any that you are considering.

ACTION PLAN

List specific short-term goals for addressing your unmet emotional needs.

List long-term goals for emotional well-being and fulfillment.

Outline specific steps you plan to take to achieve these goals.

PERSONAL REFLECTION

Specify below:

PRACTITIONERS'S NOTES AND RECOMMENDATIONS

Specify below:

Practitioner name: _____

Signature:
Clinic/organization: _____ Date: _____ dd / mm / yyyy