Emotional Scales

Emotional Scales

Client Information:

Name:

Date of Assessment:

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: