

Name _____ Date:

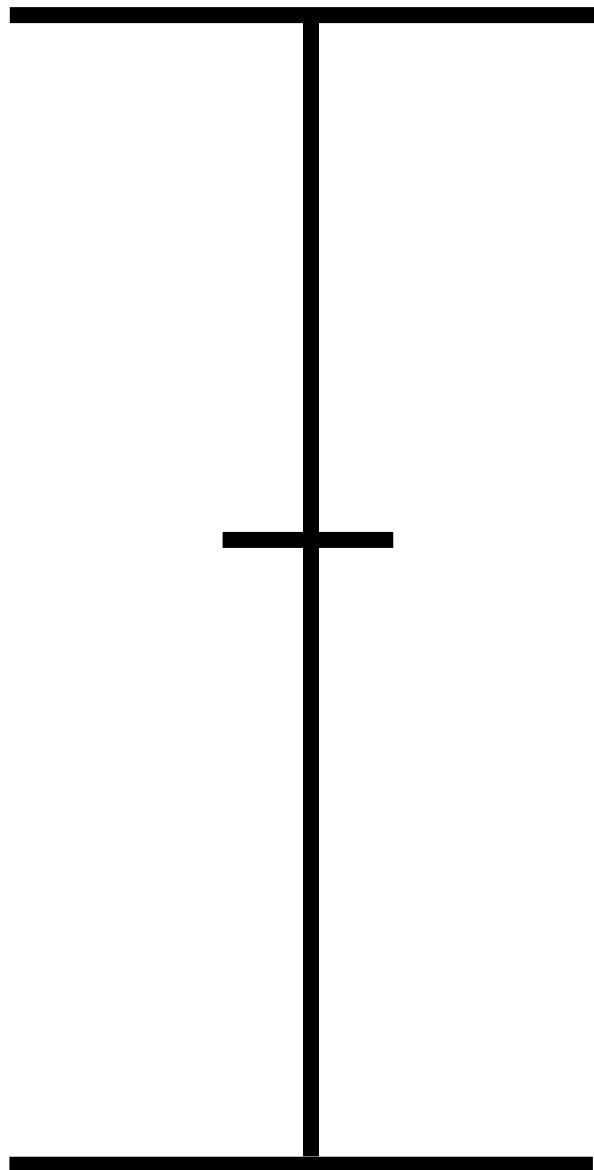
Topic of Scale: _____

List events, experiences or people from:
least stressful or most satisfying “1”
to most stressful or least satisfying “5”

5.

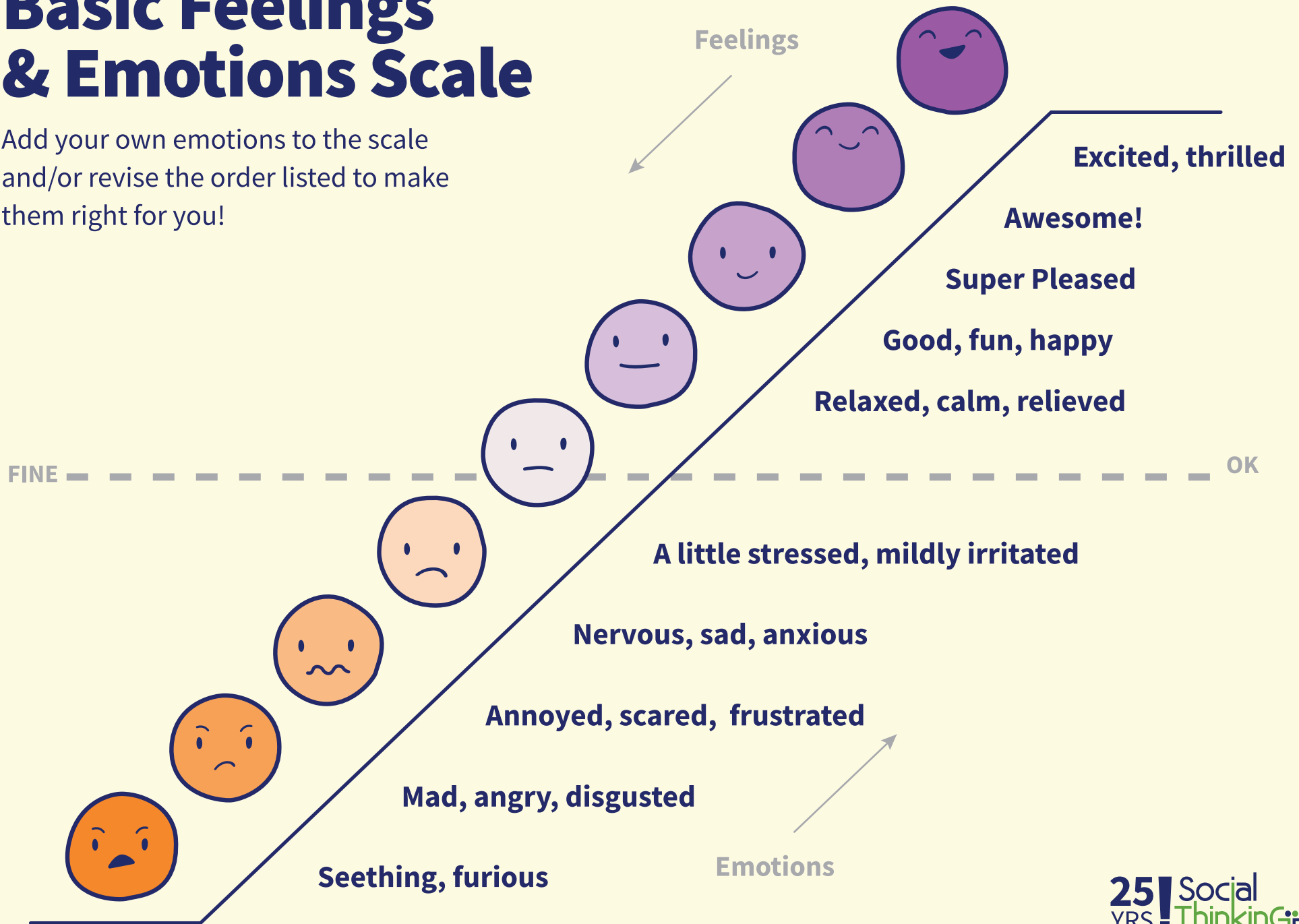
3.

1.



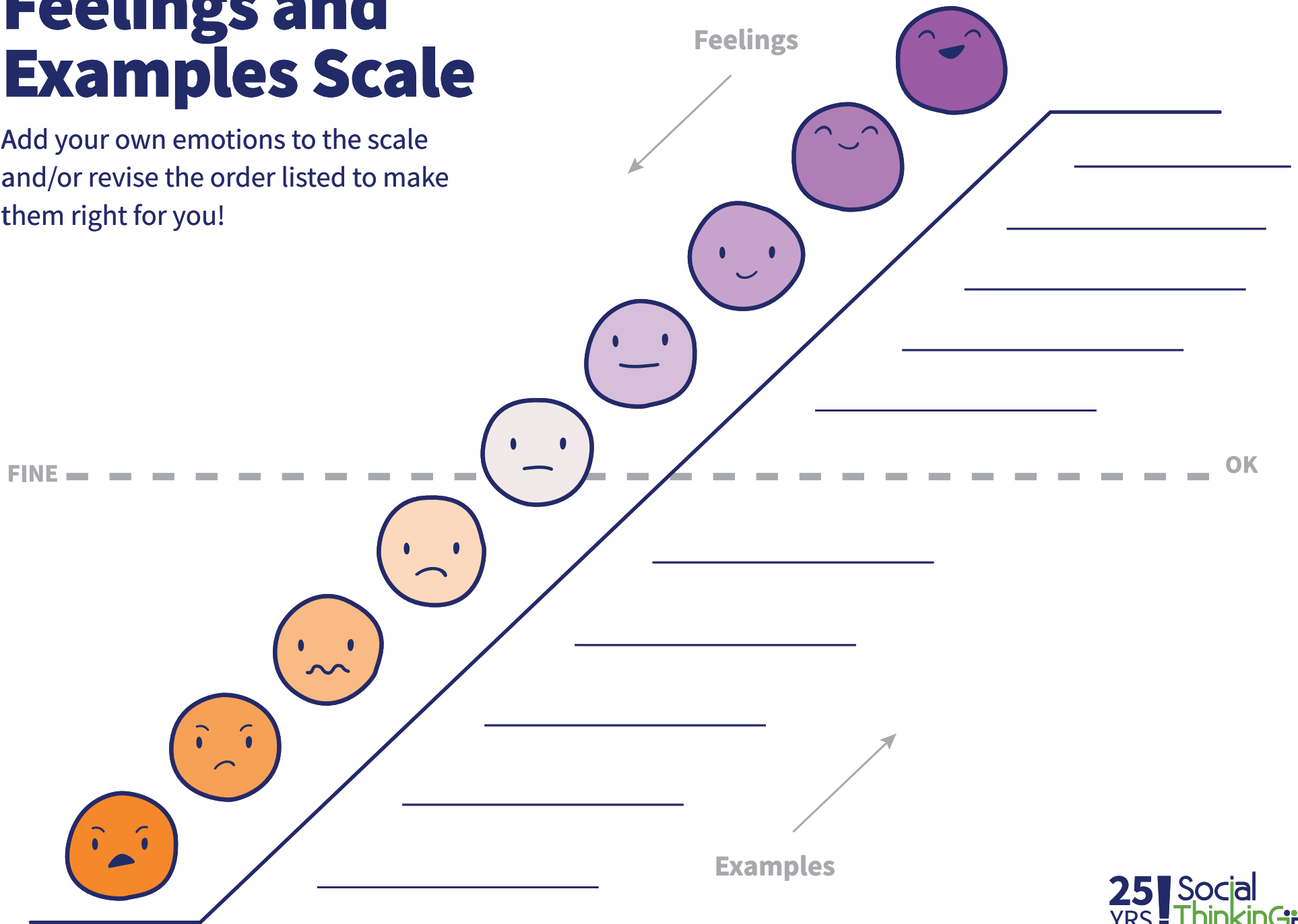
Basic Feelings & Emotions Scale

Add your own emotions to the scale and/or revise the order listed to make them right for you!



Feelings and Examples Scale

Add your own emotions to the scale and/or revise the order listed to make them right for you!



DAILY FEELINGS JOURNAL

Name _____ Date _____



POSITIVE EMOTIONS



NEGATIVE EMOTIONS

