



## EmotionLog - EL

### Description & Instructions

EmotionLog lets you record and track 4 emotions and many feelings along with what they are about. EL can be used in conjunction with your sessions with your provider or when completing a Neurocog exercise. The EL tracks emotions and feelings towards yourself, other people and everything overall. First complete the BEFORE EL, select the emotion level and add feelings. Write what the emotions are about at the bottom. Then have your session with your provider or complete a Neurocog exercise and repeat the process in the AFTER EL.

### BEFORE EL

#### SELF - How do you feel about yourself?

Glad



1 2 3 4 5 6 7 8 9 10



Add feelings:

- |                                       |                                      |                                     |
|---------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Worthy       | <input type="checkbox"/> Pleased     | <input type="checkbox"/> Sassy      |
| <input type="checkbox"/> Connected    | <input type="checkbox"/> Playful     | <input type="checkbox"/> Bold       |
| <input type="checkbox"/> Accomplished | <input type="checkbox"/> Cheerful    | <input type="checkbox"/> Cocky      |
| <input type="checkbox"/> Motivated    | <input type="checkbox"/> Giddy       | <input type="checkbox"/> Thrilled   |
| <input type="checkbox"/> Hopeful      | <input type="checkbox"/> Calm        | <input type="checkbox"/> Encouraged |
| <input type="checkbox"/> Optimistic   | <input type="checkbox"/> Comfortable | <input type="checkbox"/> Proud      |
| <input type="checkbox"/> Interested   | <input type="checkbox"/> Cosy        | <input type="checkbox"/> Joyful     |
| <input type="checkbox"/> Engrossed    | <input type="checkbox"/> Safe        | <input type="checkbox"/> Blissful   |
| <input type="checkbox"/> Infatuated   | <input type="checkbox"/> Relaxed     | <input type="checkbox"/> Satisfied  |
| <input type="checkbox"/> Loving       | <input type="checkbox"/> Confident   | <input type="checkbox"/> Excited    |
| <input type="checkbox"/> Content      | <input type="checkbox"/> Strong      | <input type="checkbox"/> Silly      |
| <input type="checkbox"/> Happy        | <input type="checkbox"/> Peaceful    | <input type="checkbox"/> Delighted  |
| <input type="checkbox"/> Bubbly       |                                      |                                     |
- OTHER: \_\_\_\_\_

## Mad



1 2 3 4 5 6 7 8 9 10



### Add feelings:

- |                                     |                                       |                                      |
|-------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Grogginess | <input type="checkbox"/> Grouchy      | <input type="checkbox"/> Revengeful  |
| <input type="checkbox"/> Nauseous   | <input type="checkbox"/> Grumpy       | <input type="checkbox"/> Angry       |
| <input type="checkbox"/> Repulsed   | <input type="checkbox"/> Furious      | <input type="checkbox"/> Fuming      |
| <input type="checkbox"/> Weird      | <input type="checkbox"/> Enraged      | <input type="checkbox"/> Hot         |
| <input type="checkbox"/> Bugged     | <input type="checkbox"/> Jealous      | <input type="checkbox"/> Frustrated  |
| <input type="checkbox"/> Annoyed    | <input type="checkbox"/> Bored        | <input type="checkbox"/> Impatient   |
| <input type="checkbox"/> Irritated  | <input type="checkbox"/> Indifferent  | <input type="checkbox"/> Smouldering |
| <input type="checkbox"/> Mean       | <input type="checkbox"/> Aloof        | <input type="checkbox"/> Resentful   |
| <input type="checkbox"/> Crabby     | <input type="checkbox"/> Antagonistic | <input type="checkbox"/> Cruel       |
| <input type="checkbox"/> Cranky     | OTHER: _____                          |                                      |

## Sad



1 2 3 4 5 6 7 8 9 10



### Add feelings:

- |                                       |                                     |                                       |
|---------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Blue         | <input type="checkbox"/> Down       | <input type="checkbox"/> Alone        |
| <input type="checkbox"/> Blah         | <input type="checkbox"/> Shameful   | <input type="checkbox"/> Indifferent  |
| <input type="checkbox"/> Gloomy       | <input type="checkbox"/> Hollow     | <input type="checkbox"/> Resigned     |
| <input type="checkbox"/> Rotten       | <input type="checkbox"/> Dark       | <input type="checkbox"/> Inferior     |
| <input type="checkbox"/> Unhappy      | <input type="checkbox"/> Despairing | <input type="checkbox"/> Worthless    |
| <input type="checkbox"/> Hopeless     | <input type="checkbox"/> Desperate  | <input type="checkbox"/> Unmotivated  |
| <input type="checkbox"/> Empty        | <input type="checkbox"/> Dreary     | <input type="checkbox"/> Dissatisfied |
| <input type="checkbox"/> Disappointed | <input type="checkbox"/> Despondent | <input type="checkbox"/> Displeased   |
| <input type="checkbox"/> Hurt         | <input type="checkbox"/> Lacklustre | <input type="checkbox"/> Pleasureless |
| <input type="checkbox"/> Lost         | <input type="checkbox"/> Lifeless   | <input type="checkbox"/> Unsatisfied  |
| <input type="checkbox"/> Sorry        | <input type="checkbox"/> Numb       | <input type="checkbox"/> Lowly        |
| <input type="checkbox"/> Lonely       | <input type="checkbox"/> Ghostly    | <input type="checkbox"/> Valueless    |
| <input type="checkbox"/> Discouraged  | <input type="checkbox"/> Abandoned  | <input type="checkbox"/> Suicidal     |
| <input type="checkbox"/> Awful        | OTHER: _____                        |                                       |

**Anxious**



1 2 3 4 5 6 7 8 9 10



**Add feelings:**

- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Uncomfortable | <input type="checkbox"/> Terrified    | <input type="checkbox"/> Intimidated |
| <input type="checkbox"/> Startled      | <input type="checkbox"/> Afraid       | <input type="checkbox"/> Dread       |
| <input type="checkbox"/> Surprised     | <input type="checkbox"/> Apprehensive | <input type="checkbox"/> Doomed      |
| <input type="checkbox"/> Uneasy        | <input type="checkbox"/> Cautious     | <input type="checkbox"/> Scared      |
| <input type="checkbox"/> Tense         | <input type="checkbox"/> Inquisitive  | <input type="checkbox"/> Threatened  |
| <input type="checkbox"/> Nervous       | <input type="checkbox"/> Curious      | <input type="checkbox"/> Trembling   |
| <input type="checkbox"/> Worried       | <input type="checkbox"/> Confused     | <input type="checkbox"/> Shaken      |
| <input type="checkbox"/> Frightened    | <input type="checkbox"/> Ashamed      | <input type="checkbox"/> Disturbed   |
| <input type="checkbox"/> Concerned     | <input type="checkbox"/> Guilty       | <input type="checkbox"/> Fearful     |
| <input type="checkbox"/> Timid         | <input type="checkbox"/> Embarrassed  | <input type="checkbox"/> Alarmed     |
| <input type="checkbox"/> Shy           | <input type="checkbox"/> Concerned    | <input type="checkbox"/> Shocked     |

OTHER: \_\_\_\_\_

**What are the feelings about? (I'm glad at myself about...I'm mad at myself about...I'm sad at myself about...I'm anxious about myself because...)**

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**OTHERS - How do you feel about others?**

**Glad**



1 2 3 4 5 6 7 8 9 10



**Add feelings:**

- |                                       |                                   |                                     |
|---------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Worthy       | <input type="checkbox"/> Pleased  | <input type="checkbox"/> Sassy      |
| <input type="checkbox"/> Connected    | <input type="checkbox"/> Playful  | <input type="checkbox"/> Bold       |
| <input type="checkbox"/> Accomplished | <input type="checkbox"/> Cheerful | <input type="checkbox"/> Cocky      |
| <input type="checkbox"/> Motivated    | <input type="checkbox"/> Giddy    | <input type="checkbox"/> Thrilled   |
| <input type="checkbox"/> Hopeful      | <input type="checkbox"/> Calm     | <input type="checkbox"/> Encouraged |

- Optimistic
- Interested
- Engrossed
- Infatuated
- Loving
- Content
- Happy
- Bubbly

- Comfortable
- Cosy
- Safe
- Relaxed
- Confident
- Strong
- Peaceful

- Proud
- Joyful
- Blissful
- Satisfied
- Excited
- Silly
- Delighted

OTHER: \_\_\_\_\_

## Mad



- 1 2 3 4 5 6 7 8 9 10



### Add feelings:

- Gressed-out
- Nauseous
- Repulsed
- Weird
- Bugged
- Annoyed
- Irritated
- Mean
- Crabby
- Cranky

- Grouchy
- Grumpy
- Furious
- Enraged
- Jealous
- Bored
- Indifferent
- Aloof
- Antagonistic

- Revengeful
- Angry
- Fuming
- Hot
- Frustrated
- Impatient
- Smouldering
- Resentful
- Cruel

OTHER: \_\_\_\_\_

## Sad



- 1 2 3 4 5 6 7 8 9 10



### Add feelings:



- Blue
- Blah
- Gloomy
- Rotten
- Unhappy
- Hopeless
- Empty
- Disappointed

- Down
- Shameful
- Hollow
- Dark
- Despairing
- Desperate
- Dreary
- Despondent

- Alone
- Indifferent
- Resigned
- Inferior
- Worthless
- Unmotivated
- Dissatisfied
- Displeased

- |                                      |                                     |                                       |
|--------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Hurt        | <input type="checkbox"/> Lacklustre | <input type="checkbox"/> Pleasureless |
| <input type="checkbox"/> Lost        | <input type="checkbox"/> Lifeless   | <input type="checkbox"/> Unsatisfied  |
| <input type="checkbox"/> Sorry       | <input type="checkbox"/> Numb       | <input type="checkbox"/> Lowly        |
| <input type="checkbox"/> Lonely      | <input type="checkbox"/> Ghostly    | <input type="checkbox"/> Valueless    |
| <input type="checkbox"/> Discouraged | <input type="checkbox"/> Abandoned  | <input type="checkbox"/> Suicidal     |
| <input type="checkbox"/> Awful       | OTHER: _____                        |                                       |

**Anxious**


1 2 3 4 5 6 7 8 9 10
 

**Add feelings:**

- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Uncomfortable | <input type="checkbox"/> Terrified    | <input type="checkbox"/> Intimidated |
| <input type="checkbox"/> Startled      | <input type="checkbox"/> Afraid       | <input type="checkbox"/> Dread       |
| <input type="checkbox"/> Surprised     | <input type="checkbox"/> Apprehensive | <input type="checkbox"/> Doomed      |
| <input type="checkbox"/> Uneasy        | <input type="checkbox"/> Cautious     | <input type="checkbox"/> Scared      |
| <input type="checkbox"/> Tense         | <input type="checkbox"/> Inquisitive  | <input type="checkbox"/> Threatened  |
| <input type="checkbox"/> Nervous       | <input type="checkbox"/> Curious      | <input type="checkbox"/> Trembling   |
| <input type="checkbox"/> Worried       | <input type="checkbox"/> Confused     | <input type="checkbox"/> Shaken      |
| <input type="checkbox"/> Frightened    | <input type="checkbox"/> Ashamed      | <input type="checkbox"/> Disturbed   |
| <input type="checkbox"/> Concerned     | <input type="checkbox"/> Guilty       | <input type="checkbox"/> Fearful     |
| <input type="checkbox"/> Timid         | <input type="checkbox"/> Embarrassed  | <input type="checkbox"/> Alarmed     |
| <input type="checkbox"/> Shy           | <input type="checkbox"/> Concerned    | <input type="checkbox"/> Shocked     |
| OTHER: _____                           |                                       |                                      |

**What are the feelings about? (I'm glad at others about...I'm mad at others about...I'm sad at others about...I'm anxious about others because...)**

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**OVERALL - How do you feel about everything overall?**

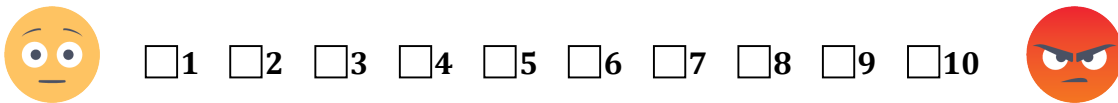
**Glad**


1 2 3 4 5 6 7 8 9 10
 

**Add feelings:**

- |                                       |                                      |                                     |
|---------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Worthy       | <input type="checkbox"/> Pleased     | <input type="checkbox"/> Sassy      |
| <input type="checkbox"/> Connected    | <input type="checkbox"/> Playful     | <input type="checkbox"/> Bold       |
| <input type="checkbox"/> Accomplished | <input type="checkbox"/> Cheerful    | <input type="checkbox"/> Cocky      |
| <input type="checkbox"/> Motivated    | <input type="checkbox"/> Giddy       | <input type="checkbox"/> Thrilled   |
| <input type="checkbox"/> Hopeful      | <input type="checkbox"/> Calm        | <input type="checkbox"/> Encouraged |
| <input type="checkbox"/> Optimistic   | <input type="checkbox"/> Comfortable | <input type="checkbox"/> Proud      |
| <input type="checkbox"/> Interested   | <input type="checkbox"/> Cosy        | <input type="checkbox"/> Joyful     |
| <input type="checkbox"/> Engrossed    | <input type="checkbox"/> Safe        | <input type="checkbox"/> Blissful   |
| <input type="checkbox"/> Infatuated   | <input type="checkbox"/> Relaxed     | <input type="checkbox"/> Satisfied  |
| <input type="checkbox"/> Loving       | <input type="checkbox"/> Confident   | <input type="checkbox"/> Excited    |
| <input type="checkbox"/> Content      | <input type="checkbox"/> Strong      | <input type="checkbox"/> Silly      |
| <input type="checkbox"/> Happy        | <input type="checkbox"/> Peaceful    | <input type="checkbox"/> Delighted  |
| <input type="checkbox"/> Bubbly       | OTHER: _____                         |                                     |

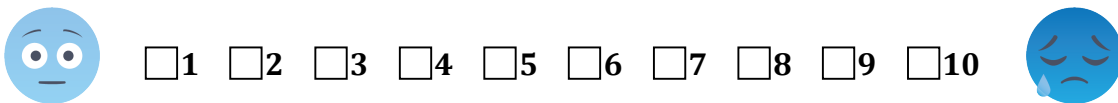
**Mad**



**Add feelings:**

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Gressed-out | <input type="checkbox"/> Grouchy      | <input type="checkbox"/> Revengeful  |
| <input type="checkbox"/> Nauseous    | <input type="checkbox"/> Grumpy       | <input type="checkbox"/> Angry       |
| <input type="checkbox"/> Repulsed    | <input type="checkbox"/> Furious      | <input type="checkbox"/> Fuming      |
| <input type="checkbox"/> Weird       | <input type="checkbox"/> Enraged      | <input type="checkbox"/> Hot         |
| <input type="checkbox"/> Bugged      | <input type="checkbox"/> Jealous      | <input type="checkbox"/> Frustrated  |
| <input type="checkbox"/> Annoyed     | <input type="checkbox"/> Bored        | <input type="checkbox"/> Impatient   |
| <input type="checkbox"/> Irritated   | <input type="checkbox"/> Indifferent  | <input type="checkbox"/> Smouldering |
| <input type="checkbox"/> Mean        | <input type="checkbox"/> Aloof        | <input type="checkbox"/> Resentful   |
| <input type="checkbox"/> Crabby      | <input type="checkbox"/> Antagonistic | <input type="checkbox"/> Cruel       |
| <input type="checkbox"/> Cranky      | OTHER: _____                          |                                      |

**Sad**



**Add feelings:**

- |                               |                                   |                                      |
|-------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Blue | <input type="checkbox"/> Down     | <input type="checkbox"/> Alone       |
| <input type="checkbox"/> Blah | <input type="checkbox"/> Shameful | <input type="checkbox"/> Indifferent |

- |                                       |                                     |                                       |
|---------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Gloomy       | <input type="checkbox"/> Hollow     | <input type="checkbox"/> Resigned     |
| <input type="checkbox"/> Rotten       | <input type="checkbox"/> Dark       | <input type="checkbox"/> Inferior     |
| <input type="checkbox"/> Unhappy      | <input type="checkbox"/> Despairing | <input type="checkbox"/> Worthless    |
| <input type="checkbox"/> Hopeless     | <input type="checkbox"/> Desperate  | <input type="checkbox"/> Unmotivated  |
| <input type="checkbox"/> Empty        | <input type="checkbox"/> Dreary     | <input type="checkbox"/> Dissatisfied |
| <input type="checkbox"/> Disappointed | <input type="checkbox"/> Despondent | <input type="checkbox"/> Displeased   |
| <input type="checkbox"/> Hurt         | <input type="checkbox"/> Lacklustre | <input type="checkbox"/> Pleasureless |
| <input type="checkbox"/> Lost         | <input type="checkbox"/> Lifeless   | <input type="checkbox"/> Unsatisfied  |
| <input type="checkbox"/> Sorry        | <input type="checkbox"/> Numb       | <input type="checkbox"/> Lowly        |
| <input type="checkbox"/> Lonely       | <input type="checkbox"/> Ghostly    | <input type="checkbox"/> Valueless    |
| <input type="checkbox"/> Discouraged  | <input type="checkbox"/> Abandoned  | <input type="checkbox"/> Suicidal     |
| <input type="checkbox"/> Awful        | OTHER: _____                        |                                       |

**Anxious**



- 1 2 3 4 5 6 7 8 9 10



**Add feelings:**

- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Uncomfortable | <input type="checkbox"/> Terrified    | <input type="checkbox"/> Intimidated |
| <input type="checkbox"/> Startled      | <input type="checkbox"/> Afraid       | <input type="checkbox"/> Dread       |
| <input type="checkbox"/> Surprised     | <input type="checkbox"/> Apprehensive | <input type="checkbox"/> Doomed      |
| <input type="checkbox"/> Uneasy        | <input type="checkbox"/> Cautious     | <input type="checkbox"/> Scared      |
| <input type="checkbox"/> Tense         | <input type="checkbox"/> Inquisitive  | <input type="checkbox"/> Threatened  |
| <input type="checkbox"/> Nervous       | <input type="checkbox"/> Curious      | <input type="checkbox"/> Trembling   |
| <input type="checkbox"/> Worried       | <input type="checkbox"/> Confused     | <input type="checkbox"/> Shaken      |
| <input type="checkbox"/> Frightened    | <input type="checkbox"/> Ashamed      | <input type="checkbox"/> Disturbed   |
| <input type="checkbox"/> Concerned     | <input type="checkbox"/> Guilty       | <input type="checkbox"/> Fearful     |
| <input type="checkbox"/> Timid         | <input type="checkbox"/> Embarrassed  | <input type="checkbox"/> Alarmed     |
| <input type="checkbox"/> Shy           | <input type="checkbox"/> Concerned    | <input type="checkbox"/> Shocked     |

OTHER: \_\_\_\_\_

**What are the feelings about? (I'm glad overall about...I'm mad overall about...I'm sad overall about...I'm anxious overall because...)**

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## AFTER EL

### SELF - How do you feel about yourself?

Glad



1 2 3 4 5 6 7 8 9 10



Add feelings:

- |                                       |                                      |                                     |
|---------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Worthy       | <input type="checkbox"/> Pleased     | <input type="checkbox"/> Sassy      |
| <input type="checkbox"/> Connected    | <input type="checkbox"/> Playful     | <input type="checkbox"/> Bold       |
| <input type="checkbox"/> Accomplished | <input type="checkbox"/> Cheerful    | <input type="checkbox"/> Cocky      |
| <input type="checkbox"/> Motivated    | <input type="checkbox"/> Giddy       | <input type="checkbox"/> Thrilled   |
| <input type="checkbox"/> Hopeful      | <input type="checkbox"/> Calm        | <input type="checkbox"/> Encouraged |
| <input type="checkbox"/> Optimistic   | <input type="checkbox"/> Comfortable | <input type="checkbox"/> Proud      |
| <input type="checkbox"/> Interested   | <input type="checkbox"/> Cosy        | <input type="checkbox"/> Joyful     |
| <input type="checkbox"/> Engrossed    | <input type="checkbox"/> Safe        | <input type="checkbox"/> Blissful   |
| <input type="checkbox"/> Infatuated   | <input type="checkbox"/> Relaxed     | <input type="checkbox"/> Satisfied  |
| <input type="checkbox"/> Loving       | <input type="checkbox"/> Confident   | <input type="checkbox"/> Excited    |
| <input type="checkbox"/> Content      | <input type="checkbox"/> Strong      | <input type="checkbox"/> Silly      |
| <input type="checkbox"/> Happy        | <input type="checkbox"/> Peaceful    | <input type="checkbox"/> Delighted  |
| <input type="checkbox"/> Bubbly       | OTHER: _____                         |                                     |

Mad



1 2 3 4 5 6 7 8 9 10



Add feelings:

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Gressed-out | <input type="checkbox"/> Grouchy      | <input type="checkbox"/> Revengeful  |
| <input type="checkbox"/> Nauseous    | <input type="checkbox"/> Grumpy       | <input type="checkbox"/> Angry       |
| <input type="checkbox"/> Repulsed    | <input type="checkbox"/> Furious      | <input type="checkbox"/> Fuming      |
| <input type="checkbox"/> Weird       | <input type="checkbox"/> Enraged      | <input type="checkbox"/> Hot         |
| <input type="checkbox"/> Bugged      | <input type="checkbox"/> Jealous      | <input type="checkbox"/> Frustrated  |
| <input type="checkbox"/> Annoyed     | <input type="checkbox"/> Bored        | <input type="checkbox"/> Impatient   |
| <input type="checkbox"/> Irritated   | <input type="checkbox"/> Indifferent  | <input type="checkbox"/> Smouldering |
| <input type="checkbox"/> Mean        | <input type="checkbox"/> Aloof        | <input type="checkbox"/> Resentful   |
| <input type="checkbox"/> Crabby      | <input type="checkbox"/> Antagonistic | <input type="checkbox"/> Cruel       |
| <input type="checkbox"/> Cranky      | OTHER: _____                          |                                      |



## Sad



1 2 3 4 5 6 7 8 9 10



### Add feelings:

- |                                       |                                     |                                       |
|---------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Blue         | <input type="checkbox"/> Down       | <input type="checkbox"/> Alone        |
| <input type="checkbox"/> Blah         | <input type="checkbox"/> Shameful   | <input type="checkbox"/> Indifferent  |
| <input type="checkbox"/> Gloomy       | <input type="checkbox"/> Hollow     | <input type="checkbox"/> Resigned     |
| <input type="checkbox"/> Rotten       | <input type="checkbox"/> Dark       | <input type="checkbox"/> Inferior     |
| <input type="checkbox"/> Unhappy      | <input type="checkbox"/> Despairing | <input type="checkbox"/> Worthless    |
| <input type="checkbox"/> Hopeless     | <input type="checkbox"/> Desperate  | <input type="checkbox"/> Unmotivated  |
| <input type="checkbox"/> Empty        | <input type="checkbox"/> Dreary     | <input type="checkbox"/> Dissatisfied |
| <input type="checkbox"/> Disappointed | <input type="checkbox"/> Despondent | <input type="checkbox"/> Displeased   |
| <input type="checkbox"/> Hurt         | <input type="checkbox"/> Lacklustre | <input type="checkbox"/> Pleasureless |
| <input type="checkbox"/> Lost         | <input type="checkbox"/> Lifeless   | <input type="checkbox"/> Unsatisfied  |
| <input type="checkbox"/> Sorry        | <input type="checkbox"/> Numb       | <input type="checkbox"/> Lowly        |
| <input type="checkbox"/> Lonely       | <input type="checkbox"/> Ghostly    | <input type="checkbox"/> Valueless    |
| <input type="checkbox"/> Discouraged  | <input type="checkbox"/> Abandoned  | <input type="checkbox"/> Suicidal     |
| <input type="checkbox"/> Awful        | OTHER: _____                        |                                       |

## Anxious



1 2 3 4 5 6 7 8 9 10



### Add feelings:

- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Uncomfortable | <input type="checkbox"/> Terrified    | <input type="checkbox"/> Intimidated |
| <input type="checkbox"/> Startled      | <input type="checkbox"/> Afraid       | <input type="checkbox"/> Dread       |
| <input type="checkbox"/> Surprised     | <input type="checkbox"/> Apprehensive | <input type="checkbox"/> Doomed      |
| <input type="checkbox"/> Uneasy        | <input type="checkbox"/> Cautious     | <input type="checkbox"/> Scared      |
| <input type="checkbox"/> Tense         | <input type="checkbox"/> Inquisitive  | <input type="checkbox"/> Threatened  |
| <input type="checkbox"/> Nervous       | <input type="checkbox"/> Curious      | <input type="checkbox"/> Trembling   |
| <input type="checkbox"/> Worried       | <input type="checkbox"/> Confused     | <input type="checkbox"/> Shaken      |
| <input type="checkbox"/> Frightened    | <input type="checkbox"/> Ashamed      | <input type="checkbox"/> Disturbed   |
| <input type="checkbox"/> Concerned     | <input type="checkbox"/> Guilty       | <input type="checkbox"/> Fearful     |
| <input type="checkbox"/> Timid         | <input type="checkbox"/> Embarrassed  | <input type="checkbox"/> Alarmed     |
| <input type="checkbox"/> Shy           | <input type="checkbox"/> Concerned    | <input type="checkbox"/> Shocked     |
|  | OTHER: _____                          |                                      |

What are the feelings about? (I'm glad at myself about...I'm mad at myself about...I'm sad at myself about...I'm anxious about myself because...)

---



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**OTHERS - How do you feel about others?**

**Glad**



1 2 3 4 5 6 7 8 9 10



**Add feelings:**

- |                                       |                                      |                                     |
|---------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Worthy       | <input type="checkbox"/> Pleased     | <input type="checkbox"/> Sassy      |
| <input type="checkbox"/> Connected    | <input type="checkbox"/> Playful     | <input type="checkbox"/> Bold       |
| <input type="checkbox"/> Accomplished | <input type="checkbox"/> Cheerful    | <input type="checkbox"/> Cocky      |
| <input type="checkbox"/> Motivated    | <input type="checkbox"/> Giddy       | <input type="checkbox"/> Thrilled   |
| <input type="checkbox"/> Hopeful      | <input type="checkbox"/> Calm        | <input type="checkbox"/> Encouraged |
| <input type="checkbox"/> Optimistic   | <input type="checkbox"/> Comfortable | <input type="checkbox"/> Proud      |
| <input type="checkbox"/> Interested   | <input type="checkbox"/> Cosy        | <input type="checkbox"/> Joyful     |
| <input type="checkbox"/> Engrossed    | <input type="checkbox"/> Safe        | <input type="checkbox"/> Blissful   |
| <input type="checkbox"/> Infatuated   | <input type="checkbox"/> Relaxed     | <input type="checkbox"/> Satisfied  |
| <input type="checkbox"/> Loving       | <input type="checkbox"/> Confident   | <input type="checkbox"/> Excited    |
| <input type="checkbox"/> Content      | <input type="checkbox"/> Strong      | <input type="checkbox"/> Silly      |
| <input type="checkbox"/> Happy        | <input type="checkbox"/> Peaceful    | <input type="checkbox"/> Delighted  |
| <input type="checkbox"/> Bubbly       | OTHER: _____                         |                                     |

**Mad**



1 2 3 4 5 6 7 8 9 10

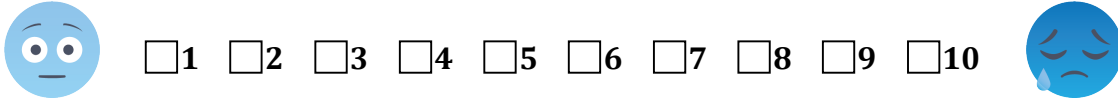


**Add feelings:**

- |                                      |                                  |                                     |
|--------------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Gressed-out | <input type="checkbox"/> Grouchy | <input type="checkbox"/> Revengeful |
| <input type="checkbox"/> Nauseous    | <input type="checkbox"/> Grumpy  | <input type="checkbox"/> Angry      |
| <input type="checkbox"/> Repulsed    | <input type="checkbox"/> Furious | <input type="checkbox"/> Fuming     |
| <input type="checkbox"/> Weird       | <input type="checkbox"/> Enraged | <input type="checkbox"/> Hot        |

- |                                    |                                       |                                      |
|------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Bugged    | <input type="checkbox"/> Jealous      | <input type="checkbox"/> Frustrated  |
| <input type="checkbox"/> Annoyed   | <input type="checkbox"/> Bored        | <input type="checkbox"/> Impatient   |
| <input type="checkbox"/> Irritated | <input type="checkbox"/> Indifferent  | <input type="checkbox"/> Smouldering |
| <input type="checkbox"/> Mean      | <input type="checkbox"/> Aloof        | <input type="checkbox"/> Resentful   |
| <input type="checkbox"/> Crabby    | <input type="checkbox"/> Antagonistic | <input type="checkbox"/> Cruel       |
| <input type="checkbox"/> Cranky    | OTHER: _____                          |                                      |

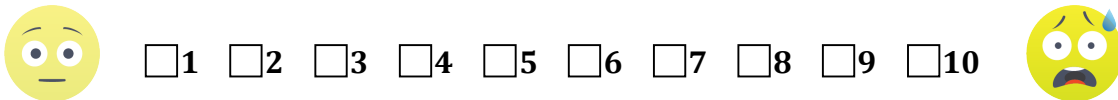
**Sad**



**Add feelings:**

- |                                       |                                     |                                       |
|---------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Blue         | <input type="checkbox"/> Down       | <input type="checkbox"/> Alone        |
| <input type="checkbox"/> Blah         | <input type="checkbox"/> Shameful   | <input type="checkbox"/> Indifferent  |
| <input type="checkbox"/> Gloomy       | <input type="checkbox"/> Hollow     | <input type="checkbox"/> Resigned     |
| <input type="checkbox"/> Rotten       | <input type="checkbox"/> Dark       | <input type="checkbox"/> Inferior     |
| <input type="checkbox"/> Unhappy      | <input type="checkbox"/> Despairing | <input type="checkbox"/> Worthless    |
| <input type="checkbox"/> Hopeless     | <input type="checkbox"/> Desperate  | <input type="checkbox"/> Unmotivated  |
| <input type="checkbox"/> Empty        | <input type="checkbox"/> Dreary     | <input type="checkbox"/> Dissatisfied |
| <input type="checkbox"/> Disappointed | <input type="checkbox"/> Despondent | <input type="checkbox"/> Displeased   |
| <input type="checkbox"/> Hurt         | <input type="checkbox"/> Lacklustre | <input type="checkbox"/> Pleasureless |
| <input type="checkbox"/> Lost         | <input type="checkbox"/> Lifeless   | <input type="checkbox"/> Unsatisfied  |
| <input type="checkbox"/> Sorry        | <input type="checkbox"/> Numb       | <input type="checkbox"/> Lowly        |
| <input type="checkbox"/> Lonely       | <input type="checkbox"/> Ghostly    | <input type="checkbox"/> Valueless    |
| <input type="checkbox"/> Discouraged  | <input type="checkbox"/> Abandoned  | <input type="checkbox"/> Suicidal     |
| <input type="checkbox"/> Awful        | OTHER: _____                        |                                       |

**Anxious**



**Add feelings:**

- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Uncomfortable | <input type="checkbox"/> Terrified    | <input type="checkbox"/> Intimidated |
| <input type="checkbox"/> Startled      | <input type="checkbox"/> Afraid       | <input type="checkbox"/> Dread       |
| <input type="checkbox"/> Surprised     | <input type="checkbox"/> Apprehensive | <input type="checkbox"/> Doomed      |
| <input type="checkbox"/> Uneasy        | <input type="checkbox"/> Cautious     | <input type="checkbox"/> Scared      |
| <input type="checkbox"/> Tense         | <input type="checkbox"/> Inquisitive  | <input type="checkbox"/> Threatened  |
| <input type="checkbox"/> Nervous       | <input type="checkbox"/> Curious      | <input type="checkbox"/> Trembling   |

- |                                     |                                      |                                    |
|-------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Worried    | <input type="checkbox"/> Confused    | <input type="checkbox"/> Shaken    |
| <input type="checkbox"/> Frightened | <input type="checkbox"/> Ashamed     | <input type="checkbox"/> Disturbed |
| <input type="checkbox"/> Concerned  | <input type="checkbox"/> Guilty      | <input type="checkbox"/> Fearful   |
| <input type="checkbox"/> Timid      | <input type="checkbox"/> Embarrassed | <input type="checkbox"/> Alarmed   |
| <input type="checkbox"/> Shy        | <input type="checkbox"/> Concerned   | <input type="checkbox"/> Shocked   |

OTHER: \_\_\_\_\_

**What are the feelings about? (I'm glad at others about...I'm mad at others about...I'm sad at others about...I'm anxious about others because...)**

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**OVERALL - How do you feel about everything overall?**

**Glad**



- 1 2 3 4 5 6 7 8 9 10



**Add feelings:**

- |                                       |                                      |                                     |
|---------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Worthy       | <input type="checkbox"/> Pleased     | <input type="checkbox"/> Sassy      |
| <input type="checkbox"/> Connected    | <input type="checkbox"/> Playful     | <input type="checkbox"/> Bold       |
| <input type="checkbox"/> Accomplished | <input type="checkbox"/> Cheerful    | <input type="checkbox"/> Cocky      |
| <input type="checkbox"/> Motivated    | <input type="checkbox"/> Giddy       | <input type="checkbox"/> Thrilled   |
| <input type="checkbox"/> Hopeful      | <input type="checkbox"/> Calm        | <input type="checkbox"/> Encouraged |
| <input type="checkbox"/> Optimistic   | <input type="checkbox"/> Comfortable | <input type="checkbox"/> Proud      |
| <input type="checkbox"/> Interested   | <input type="checkbox"/> Cosy        | <input type="checkbox"/> Joyful     |
| <input type="checkbox"/> Engrossed    | <input type="checkbox"/> Safe        | <input type="checkbox"/> Blissful   |
| <input type="checkbox"/> Infatuated   | <input type="checkbox"/> Relaxed     | <input type="checkbox"/> Satisfied  |
| <input type="checkbox"/> Loving       | <input type="checkbox"/> Confident   | <input type="checkbox"/> Excited    |
| <input type="checkbox"/> Content      | <input type="checkbox"/> Strong      | <input type="checkbox"/> Silly      |
| <input type="checkbox"/> Happy        | <input type="checkbox"/> Peaceful    | <input type="checkbox"/> Delighted  |
| <input type="checkbox"/> Bubbly       |                                      |                                     |

OTHER: \_\_\_\_\_

## Mad



1 2 3 4 5 6 7 8 9 10



### Add feelings:

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Gressed-out | <input type="checkbox"/> Grouchy      | <input type="checkbox"/> Revengeful  |
| <input type="checkbox"/> Nauseous    | <input type="checkbox"/> Grumpy       | <input type="checkbox"/> Angry       |
| <input type="checkbox"/> Repulsed    | <input type="checkbox"/> Furious      | <input type="checkbox"/> Fuming      |
| <input type="checkbox"/> Weird       | <input type="checkbox"/> Enraged      | <input type="checkbox"/> Hot         |
| <input type="checkbox"/> Bugged      | <input type="checkbox"/> Jealous      | <input type="checkbox"/> Frustrated  |
| <input type="checkbox"/> Annoyed     | <input type="checkbox"/> Bored        | <input type="checkbox"/> Impatient   |
| <input type="checkbox"/> Irritated   | <input type="checkbox"/> Indifferent  | <input type="checkbox"/> Smouldering |
| <input type="checkbox"/> Mean        | <input type="checkbox"/> Aloof        | <input type="checkbox"/> Resentful   |
| <input type="checkbox"/> Crabby      | <input type="checkbox"/> Antagonistic | <input type="checkbox"/> Cruel       |
| <input type="checkbox"/> Cranky      |                                       |                                      |
- OTHER: \_\_\_\_\_

## Sad



1 2 3 4 5 6 7 8 9 10



### Add feelings:

- |                                       |                                     |                                       |
|---------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Blue         | <input type="checkbox"/> Down       | <input type="checkbox"/> Alone        |
| <input type="checkbox"/> Blah         | <input type="checkbox"/> Shameful   | <input type="checkbox"/> Indifferent  |
| <input type="checkbox"/> Gloomy       | <input type="checkbox"/> Hollow     | <input type="checkbox"/> Resigned     |
| <input type="checkbox"/> Rotten       | <input type="checkbox"/> Dark       | <input type="checkbox"/> Inferior     |
| <input type="checkbox"/> Unhappy      | <input type="checkbox"/> Despairing | <input type="checkbox"/> Worthless    |
| <input type="checkbox"/> Hopeless     | <input type="checkbox"/> Desperate  | <input type="checkbox"/> Unmotivated  |
| <input type="checkbox"/> Empty        | <input type="checkbox"/> Dreary     | <input type="checkbox"/> Dissatisfied |
| <input type="checkbox"/> Disappointed | <input type="checkbox"/> Despondent | <input type="checkbox"/> Displeased   |
| <input type="checkbox"/> Hurt         | <input type="checkbox"/> Lacklustre | <input type="checkbox"/> Pleasureless |
| <input type="checkbox"/> Lost         | <input type="checkbox"/> Lifeless   | <input type="checkbox"/> Unsatisfied  |
| <input type="checkbox"/> Sorry        | <input type="checkbox"/> Numb       | <input type="checkbox"/> Lowly        |
| <input type="checkbox"/> Lonely       | <input type="checkbox"/> Ghostly    | <input type="checkbox"/> Valueless    |
| <input type="checkbox"/> Discouraged  | <input type="checkbox"/> Abandoned  | <input type="checkbox"/> Suicidal     |
| <input type="checkbox"/> Awful        |                                     |                                       |
- OTHER: \_\_\_\_\_

**Anxious**



1 2 3 4 5 6 7 8 9 10



**Add feelings:**

- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Uncomfortable | <input type="checkbox"/> Terrified    | <input type="checkbox"/> Intimidated |
| <input type="checkbox"/> Startled      | <input type="checkbox"/> Afraid       | <input type="checkbox"/> Dread       |
| <input type="checkbox"/> Surprised     | <input type="checkbox"/> Apprehensive | <input type="checkbox"/> Doomed      |
| <input type="checkbox"/> Uneasy        | <input type="checkbox"/> Cautious     | <input type="checkbox"/> Scared      |
| <input type="checkbox"/> Tense         | <input type="checkbox"/> Inquisitive  | <input type="checkbox"/> Threatened  |
| <input type="checkbox"/> Nervous       | <input type="checkbox"/> Curious      | <input type="checkbox"/> Trembling   |
| <input type="checkbox"/> Worried       | <input type="checkbox"/> Confused     | <input type="checkbox"/> Shaken      |
| <input type="checkbox"/> Frightened    | <input type="checkbox"/> Ashamed      | <input type="checkbox"/> Disturbed   |
| <input type="checkbox"/> Concerned     | <input type="checkbox"/> Guilty       | <input type="checkbox"/> Fearful     |
| <input type="checkbox"/> Timid         | <input type="checkbox"/> Embarrassed  | <input type="checkbox"/> Alarmed     |
| <input type="checkbox"/> Shy           | <input type="checkbox"/> Concerned    | <input type="checkbox"/> Shocked     |

OTHER: \_\_\_\_\_

**What are the feelings about? (I'm glad overall about...I'm mad overall about...I'm sad overall about...I'm anxious overall because...)**

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