

Feelings Awareness Journal

Event (be specific): _____

Physical
Signs:

Emotional
Signs:

Cognitive
Signs:

Behavioral
Signs:

1. What was occurring immediately prior to your noticing your feelings of anger, shame, fear, sadness, etc.?

2. How intense was your emotional response?

Mild ___ Moderate ___ Strong ___ Overpowering ___

3. What other feelings, thoughts, or memories did you associate with this experience?