

FEELINGS OF DISCOMFORT

Write a brief description of a situation that triggered negative feelings inside you. Review the list of negative feelings and check the box next to each feeling you experienced.

Description of the Situation:

- | | | | |
|---------------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> Abandoned | <input type="checkbox"/> Disgraced | <input type="checkbox"/> Inferior | <input type="checkbox"/> Sad |
| <input type="checkbox"/> Abused | <input type="checkbox"/> Disgusted | <input type="checkbox"/> Infuriated | <input type="checkbox"/> Scared |
| <input type="checkbox"/> Afraid | <input type="checkbox"/> Disliked | <input type="checkbox"/> Inhibited | <input type="checkbox"/> Scorned |
| <input type="checkbox"/> Aggravated | <input type="checkbox"/> Dismal | <input type="checkbox"/> Insecure | <input type="checkbox"/> Seething |
| <input type="checkbox"/> Agitated | <input type="checkbox"/> Disorganized | <input type="checkbox"/> Insignificant | <input type="checkbox"/> Self-Conscious |
| <input type="checkbox"/> Alarmed | <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Insulted | <input type="checkbox"/> Self-Doubt |
| <input type="checkbox"/> Alienated | <input type="checkbox"/> Distraught | <input type="checkbox"/> Intimidated | <input type="checkbox"/> Sensitive |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Distressed | <input type="checkbox"/> Invaded | <input type="checkbox"/> Shaky |
| <input type="checkbox"/> Anguished | <input type="checkbox"/> Distrustful | <input type="checkbox"/> Irritated | <input type="checkbox"/> Shocked |
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Disturbed | <input type="checkbox"/> Isolated | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Apathetic | <input type="checkbox"/> Dread | <input type="checkbox"/> Jealous | <input type="checkbox"/> Sorrowful |
| <input type="checkbox"/> Apprehensive | <input type="checkbox"/> Embarrassed | <input type="checkbox"/> Lonely | <input type="checkbox"/> Spiteful |
| <input type="checkbox"/> Ashamed | <input type="checkbox"/> Empty | <input type="checkbox"/> Lost | <input type="checkbox"/> Stressed |
| <input type="checkbox"/> Awful | <input type="checkbox"/> Enraged | <input type="checkbox"/> Manipulated | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Awkward | <input type="checkbox"/> Exasperated | <input type="checkbox"/> Melancholy | <input type="checkbox"/> Stunned |
| <input type="checkbox"/> Baffled | <input type="checkbox"/> Excluded | <input type="checkbox"/> Minimized | <input type="checkbox"/> Stupid |
| <input type="checkbox"/> Barren | <input type="checkbox"/> Exhausted | <input type="checkbox"/> Miserable | <input type="checkbox"/> Suspicious |
| <input type="checkbox"/> Belittled | <input type="checkbox"/> Exploited | <input type="checkbox"/> Misjudged | <input type="checkbox"/> Tense |
| <input type="checkbox"/> Betrayed | <input type="checkbox"/> Exposed | <input type="checkbox"/> Mistreated | <input type="checkbox"/> Terrible |
| <input type="checkbox"/> Bewildered | <input type="checkbox"/> Failure | <input type="checkbox"/> Misunderstood | <input type="checkbox"/> Terrified |
| <input type="checkbox"/> Bitter | <input type="checkbox"/> Foolish | <input type="checkbox"/> Misused | <input type="checkbox"/> Threatened |
| <input type="checkbox"/> Bothered | <input type="checkbox"/> Forgotten | <input type="checkbox"/> Mocked | <input type="checkbox"/> Tired |
| <input type="checkbox"/> Burdened | <input type="checkbox"/> Forsaken | <input type="checkbox"/> Needy | <input type="checkbox"/> Torn |
| <input type="checkbox"/> Censured | <input type="checkbox"/> Fragile | <input type="checkbox"/> Neglected | <input type="checkbox"/> Tortured |
| <input type="checkbox"/> Cheated | <input type="checkbox"/> Frantic | <input type="checkbox"/> Nervous | <input type="checkbox"/> Trapped |
| <input type="checkbox"/> Condemned | <input type="checkbox"/> Frightened | <input type="checkbox"/> Numb | <input type="checkbox"/> Troubled |
| <input type="checkbox"/> Conflicted | <input type="checkbox"/> Frustrated | <input type="checkbox"/> Offended | <input type="checkbox"/> Unappreciated |
| <input type="checkbox"/> Confused | <input type="checkbox"/> Furious | <input type="checkbox"/> Out of Control | <input type="checkbox"/> Unattractive |
| <input type="checkbox"/> Contemptuous | <input type="checkbox"/> Grieved | <input type="checkbox"/> Outcast | <input type="checkbox"/> Uncertain |
| <input type="checkbox"/> Controlled | <input type="checkbox"/> Guarded | <input type="checkbox"/> Outraged | <input type="checkbox"/> Uncomfortable |
| <input type="checkbox"/> Crippled | <input type="checkbox"/> Guilty | <input type="checkbox"/> Overloaded | <input type="checkbox"/> Undecided |
| <input type="checkbox"/> Criticized | <input type="checkbox"/> Hassled | <input type="checkbox"/> Overlooked | <input type="checkbox"/> Undermined |
| <input type="checkbox"/> Crushed | <input type="checkbox"/> Hateful | <input type="checkbox"/> Overwhelmed | <input type="checkbox"/> Uneasy |
| <input type="checkbox"/> Deceived | <input type="checkbox"/> Helpless | <input type="checkbox"/> Pained | <input type="checkbox"/> Unhappy |
| <input type="checkbox"/> Defeated | <input type="checkbox"/> Hesitant | <input type="checkbox"/> Panic | <input type="checkbox"/> Unprepared |
| <input type="checkbox"/> Defensive | <input type="checkbox"/> Hindered | <input type="checkbox"/> Paralyzed | <input type="checkbox"/> Unsettled |
| <input type="checkbox"/> Defrauded | <input type="checkbox"/> Hopeless | <input type="checkbox"/> Perplexed | <input type="checkbox"/> Unstable |
| <input type="checkbox"/> Degraded | <input type="checkbox"/> Horrible | <input type="checkbox"/> Persecuted | <input type="checkbox"/> Unsure |
| <input type="checkbox"/> Dejected | <input type="checkbox"/> Hostile | <input type="checkbox"/> Pessimistic | <input type="checkbox"/> Unworthy |
| <input type="checkbox"/> Demeaned | <input type="checkbox"/> Hurt | <input type="checkbox"/> Petrified | <input type="checkbox"/> Upset |
| <input type="checkbox"/> Demoralized | <input type="checkbox"/> Humiliated | <input type="checkbox"/> Powerless | <input type="checkbox"/> Uptight |
| <input type="checkbox"/> Dependent | <input type="checkbox"/> Ignored | <input type="checkbox"/> Pressured | <input type="checkbox"/> Used |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Immobilized | <input type="checkbox"/> Provoked | <input type="checkbox"/> Useless |
| <input type="checkbox"/> Desolate | <input type="checkbox"/> Impatient | <input type="checkbox"/> Puzzled | <input type="checkbox"/> Vengeful |
| <input type="checkbox"/> Despair | <input type="checkbox"/> Impotent | <input type="checkbox"/> Regretful | <input type="checkbox"/> Violated |
| <input type="checkbox"/> Desperate | <input type="checkbox"/> Inadequate | <input type="checkbox"/> Rejected | <input type="checkbox"/> Vulnerable |
| <input type="checkbox"/> Devastated | <input type="checkbox"/> Incapable | <input type="checkbox"/> Remorseful | <input type="checkbox"/> Weak |
| <input type="checkbox"/> Disappointed | <input type="checkbox"/> Incompetent | <input type="checkbox"/> Resentful | <input type="checkbox"/> Worried |
| <input type="checkbox"/> Discounted | <input type="checkbox"/> Indecisive | <input type="checkbox"/> Ridiculed | <input type="checkbox"/> Worthless |
| <input type="checkbox"/> Discouraged | <input type="checkbox"/> Ineffective | <input type="checkbox"/> Rotten | <input type="checkbox"/> Wounded |