

MY FEELINGS

Complete the sentences below with the first thing that comes to mind. If it is difficult to think of something, make a note and discuss maybe why this is with your therapist.

I feel happy when _____

I feel sad when _____

I feel confused when _____

I feel scared when _____

I feel angry when _____

I feel proud when _____

I feel loved when _____

I feel jealous when _____

I feel excited when _____

I feel accepted when _____

I feel silly when _____

I feel sorry when _____

I feel strong when _____

I feel embarrassed when _____

I feel trusting when _____