Brief Mood Survey

This survey is designed to help you reflect on your current mood and emotions. There are no right or wrong answers.

1. Rate Your On a scale of 1		ıld you rate you	r mood right no	ow? (1 = Very L	ow, 10 = Ver						
High)											
Your Rating:											
2. Frequency of Feelings How often have you experienced the following emotions in the past week?											
Emotion	Never	Rarely	Sometimes	Often	Always						
Happiness	- /										
Sadness	- //-	0)/									
Anger		1 In	to no	₽/jn	5 /						
Anxiety	-//		64/9								
Calmness	9//										
Frustration			,-								
3. Thoughts and Beliefs How much do you agree with the following statements?											
Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree						
I feel confident in my ability to handle challenges.											
I often feel overwhelmed by my emotions.											

I believe I have a good support system in my life.											
I tend to focus on the negatives more than the positives.											
4. Coping Strategies											
What do you typically do when you're feeling stressed or upset? (Check all that apply)											
☐ Talk to a friend or family member											
☐ Exercise or engage in physical activity											
☐ Meditate or practice mindfulness											
☐ Distract myself with hobbies or entertainment											
☐ Write in a journal											
☐ Other (Please specify):											
5. Additional Comments Is there anything else you'd like to share about your current mood or emotional state?											