

FEELINGS CHECK IN

 DATE: _____

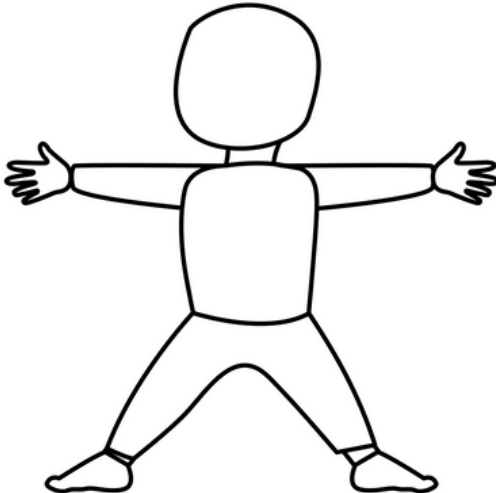
HOW AM I FEELING?

HOW BIG DOES YOUR EMOTION FEEL?

1 2 3 4 5 6 7 8 9 10

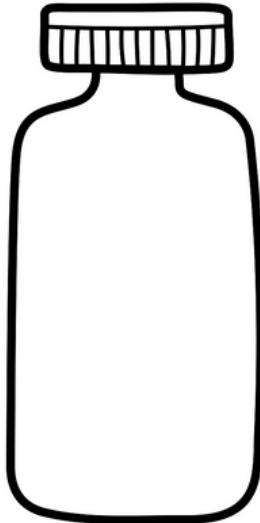
← LEAST INTENSE MOST INTENSE →

WHERE IN YOUR BODY DO YOU FEEL IT?

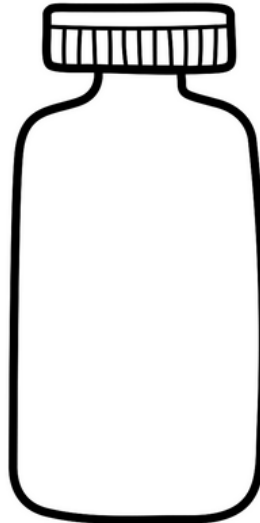


Today I feel...

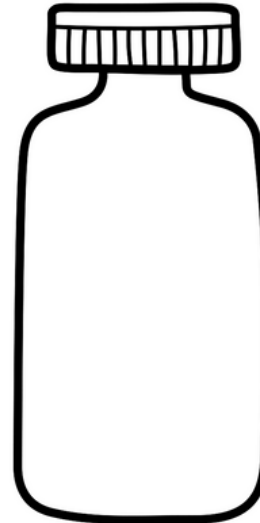
How did you feel throughout the day?
Draw or write how you feel on the jar.



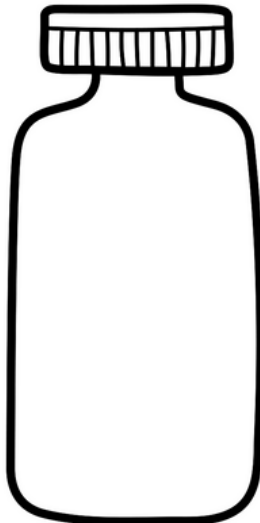
Happy



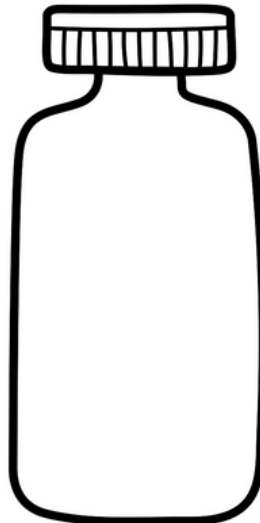
Sad



Excited



Anxious



Angry



WEEKLY FEELINGS TRACKER

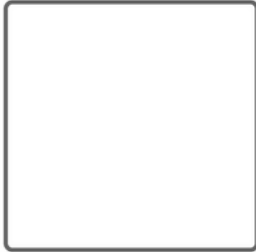
MONTH _____

	SUN	MON	TUE	WED	THU	FRI	SAT
Happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



UNDERSTANDING MY FEELINGS

Draw your feelings for the following situations



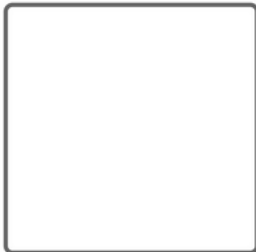
You saw a rainbow



You learnt something new in school



You fell down



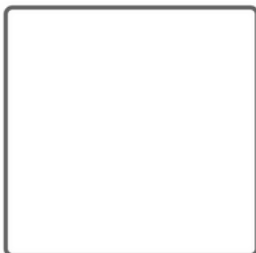
You ate an ice cream



You played your favorite game



You watched a funny video



You failed a test



You did well for a test



You argued with your friend



MY COPING SKILLS

When I feel upset, what can I do to feel better?

1. _____
2. _____
3. _____
4. _____
5. _____

When I feel upset, what makes me feel worst?

1. _____
2. _____
3. _____
4. _____
5. _____



5-4-3-2-1

Grounding Technique

5 things I can see



4 things I can feel



3 things I can hear



2 things I can smell



1 thing I can taste



Rainbow Grounding Technique



Look at your surroundings and look for objects of each color of the rainbow.

RED

ORANGE

YELLOW

GREEN

BLUE

VIOLET



Self-care

CHECK IN

Breathe

Take 3 deep breaths to calm yourself

Feel

How is your mind and body feeling?

Affirm

Write 5 positive things about yourself

Thank

What are 5 things you are grateful for?

Need

What can you do to make yourself feel better?

