



# EMOTIONAL AWARENESS THINK SHEET

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**What happened?**

**Where in your body  
do you feel the  
emotions? Color the  
areas.**

**What am I feeling?**



OR: I feel: \_\_\_\_\_

**How strong is my feeling?**



Calm

Very Strong

**What can I do with this  
feeling?**

- |   |  |
|---|--|
| <input type="checkbox"/> TAKE A DEEP BREATH | <input type="checkbox"/> TALK TO SOMEONE     |
| <input type="checkbox"/> TAKE A BREAK       | <input type="checkbox"/> DRAW/WRITE ABOUT IT |
| <input type="checkbox"/> OTHER: _____       |  |

