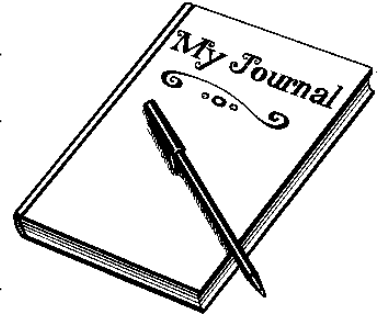


About My Feelings

This is a sheet you can fill out and share with your parents and/or health professional. Your answers will help them learn more about you and how you respond to different situations.

Things that make me *angry*:

When I am *angry*, I . . .



Things that make me *happy*:

When I am *happy*, I . . .

Things that make me *sad*:

When I am *sad*, I . . .

(continued on next page)

About My Feelings (continued)

When I am *picked on*, I . . .

Things that make me feel *hurt*:

When I am *afraid*, I . . .

When I *care about* people, I . . .

Things that make me *proud* of myself:

My name _____ Date _____

Source: Adapted, with permission, from Buchanan B, Yarnevich A. 1994. *What to Do When Kids Say "NO!"* Kansas City, MO: Health Education Consultants. Web site: www.aboutkidsmentalhealth.org.