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 . . .

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__________________________________________________________________________

Things that make me feel hurt:

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__________________________________________________________________________

When I am afraid, I . . .

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__________________________________________________________________________

When I care about people, I . . .

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__________________________________________________________________________

Things that make me proud of myself:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

My name _____________________________ Date ________________