

Expressing Moods and Needs

Date: _____

Track your daily experiences, feelings and needs by completing a copy of this worksheet each night before you go to bed.

(Refer to this list of feelings, if needed, to answer the questions below)

Calm	Hopeful	Restless	Surprised
Bothered	Disappointed	Silly	Elated
Irritated	Relieved	Sick	Happy
Frustrated	Confused	Proud	Hyper
Angry	Worried	Loved	Indifferent
Out-of-Control	Disgusted	Embarrassed	Depressed
Grumpy	Lazy	Lonely	Sad
Jealous	Relaxed	Ashamed	Overwhelmed
Anxious	Bored	Worthless	Insecure/Shy
Excited	Tired	Unsafe	Hurt

<i>Positive Events That Happened Today:</i>	<i>How I Felt:</i>
1.	
2.	

Hours Slept: _____

Took Meds: Yes / No

<i>Negative Events That Happened Today:</i>	<i>How I Felt:</i>
1.	
2.	

This is how I'm feeling right now: _____ This is what I'm needing right now: _____

"Alone" Time	Advice	Attention	Support	Nothing
Encouragement	To Talk	Understanding	Rest / Sleep	Other