

Monitoring Moods

Instructions: Complete the following form to track your moods each day. Print out as many pages as you need. 1. Write a brief situation description. 2. Identify the emotion(s) you felt and the intensity of each emotion on a scale from 1-10. 3. Identify the physical sensations/feelings associated with the emotion.

Date	Situation	Emotions and Intensity	Physical Sensations
10/11	Woke up late and was late for a meeting at work	worry (5) panic (4) shame (8) anger (6)	Racing heartbeat, tension in my chest, neck, and shoulders, dizziness, feeling of heaviness
10/11	Argument with kids about the chores	anger (8)	Flushed face, clenched fist, quick breathing
10/12	Lost a slide during a PowerPoint presentation	anxiety (5) embarrassment (10)	Heart pounding, dry mouth, tunnel vision, mind went blank
10/13	Couldn't sleep - worrying about tomorrow's meeting	anxiety (7) sadness (4)	Racing thoughts, wide awake, felt like I was crawling out of my skin, feeling of heaviness
10/14	Preparing for meeting	anxiety (6) frustration (8)	Clenched teeth, rapid heartrate, difficulty focusing, tension in neck and shoulders