

# Learning About My Feelings

**Directions:** Use the list of feelings to choose words to write in after the “I FEEL” part of each sentence, and then use your own words to describe when you feel that way.

## LIST OF FEELINGS

Happy	Bored	Scared	Sad
Lonely	Excited	Safe	Thankful
Proud	Tense	Upset	Worried
Hyper	Thrilled	Angry	Stupid

I FEEL \_\_\_\_\_ WHEN \_\_\_\_\_

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I FEEL \_\_\_\_\_ WHEN \_\_\_\_\_

I FEEL \_\_\_\_\_ WHEN \_\_\_\_\_

I FEEL \_\_\_\_\_ WHEN \_\_\_\_\_

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I FEEL \_\_\_\_\_ WHEN \_\_\_\_\_

I FEEL \_\_\_\_\_ WHEN \_\_\_\_\_

I FEEL \_\_\_\_\_ WHEN \_\_\_\_\_

I FEEL \_\_\_\_\_ WHEN \_\_\_\_\_

# How the Body Shows Signs of Stress

Everybody's body tends to show signs of stress in different ways. Here is a list of common ways that people's bodies show stress. Check the appropriate box regarding the signs that apply to you.

NEVER	A LITTLE	A LOT	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I get headaches.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I feel nauseous or have an upset stomach.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My back hurts.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I get skin rashes.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I feel tired all the time.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I often have muscle aches.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have a pounding heart at times.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I've had a change in appetite.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I get diarrhea.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have a problem with constipation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have trouble falling asleep.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I sweat a lot.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My hands shake.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I get dizzy.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can't get a deep breath sometimes.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I feel restless.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am irritable and cranky.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I feel anxious.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I feel angry (mad at the world).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I feel I don't care about things.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I'm bored.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can't get rid of guilt – it's always with me.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have poor concentration.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have mood swings.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I can't stop touching my hair, ears, nose, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I drink alcohol or use drugs.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I bite my lips.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I tap my foot.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I seem to do things quickly, without thinking.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I grind my teeth.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I've been pulling away from family or friends.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I bite my nails.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I feel disconnected.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have a short fuse or over-react.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I think about hurting myself.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I smoke to calm down.

# What You Can Do When You Feel Stressed

## WHAT INSPIRES YOU?

*E.g., favourite music, favourite writers, favourite people, spiritual counselors, etc.*

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## WHAT PHYSICAL ACTIVITY RELIEVES STRESS FOR YOU?

*E.g., working out, hot baths, walking the dog, etc.*

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## WHAT ACTIVITIES OR CREATIVE ACTS WORK FOR YOU?

*E.g., drawing, writing, poetry, video games, music, etc.*

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## WHAT KEEPS YOUR MIND SHARP?

*E.g., puzzles, games, books, etc.*

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## WHAT LIGHTENS YOUR HEART?

*E.g., crying, deep breathing, being outdoors, relaxation exercises, humour, etc.*

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