Emotional Tracking Sheet

Date: ____

. Daily experiences/situations/thoughts	
escribe the event or trigger:	

2. Emotions Felt

List the emotions you experienced:
- Emotion 1:
- Emotion 2:
- Emotion 3:
- Emotion 4:
- Emotion 5:
3. Physical and Cognitive Signs
Note any physical sensations or thoughts associated with each emotion
- Emotion 1:
- Physical Signs:
- Cognitive Signs:
- Emotion 2:
- Physical Signs:
- Cognitive Signs:

- Emotion 3:	-
- Physical Signs:	
- Cognitive Signs:	
- Emotion 4:	-
- Physical Signs:	
- Cognitive Signs:	
- Emotion 5:	-
- Physical Signs:	
- Cognitive Signs:	
4. Trends and Patterns	
Reflect on patterns or trends you notice:	

5. Action Plan

If applicable, jot down any strategies or actions you plan to take in response to these emotions or triggers:					