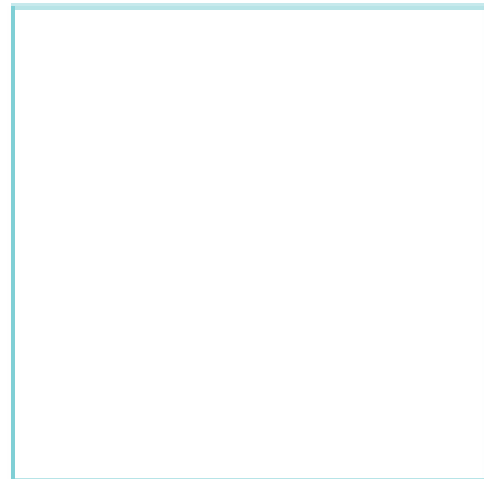
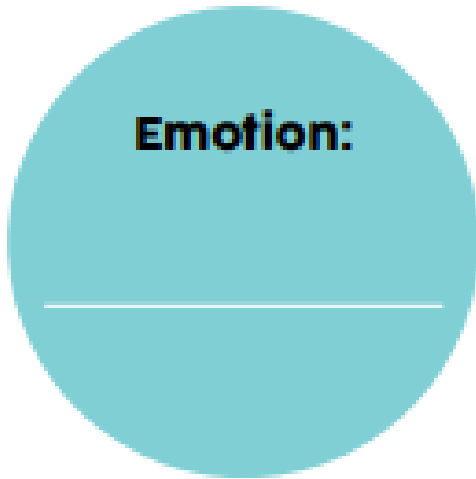


Name: _____

Date: _____

Things that make me feel...



- When?
- What happened?
- Who?
- Why did you feel this way?
- What can we do to help us deal with this emotion?
