

# Emotional Processing Worksheet



## How to use this worksheet:

This worksheet is intended to help you understand and process your emotional response to a given situation.

- First, write out what happened that brought on the emotional response.
- Next, you'll find 2 boxes next to a robust list of emotion words. Mark the box on the left of the word(s) that represent(s) the first primary (or strongest) emotion you're feeling. Mark the box on the right for the word(s) that represent(s) the secondary emotion.
  - Secondary emotions are those that are "underneath" the primary emotion or the emotions that result from feeling the primary emotion.
- Mark as many emotion words you connect to. No wrong answers here.
- Do the same for the words that represent how your body feels, and circle the areas on the figure of where you're feeling those sensations.
- Finally, answer the questions on the last page as thoroughly as you're able. Follow up with any individuals you need to.
- Feel free to save each individual sheet to process later, or discard. Up to you!

healthy pour

helping you pour from a full cup

# Emotional Processing Worksheet

What happened?

How are you feeling?

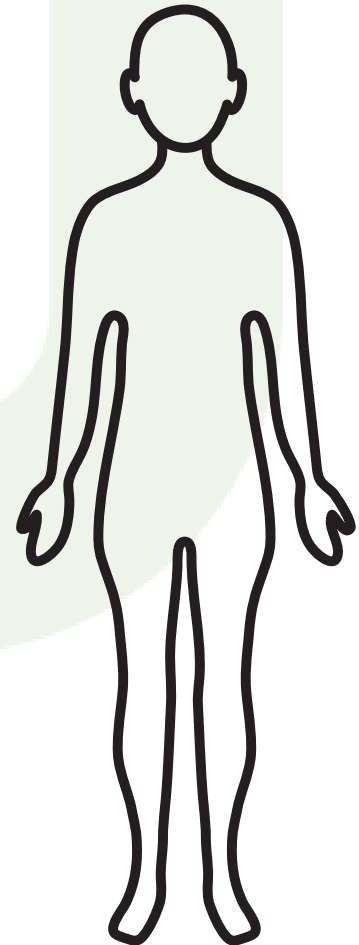
<input type="checkbox"/>	<b>Exhilarated</b>	<input type="checkbox"/>	<b>Excited</b>	<input type="checkbox"/>	<b>Hostile</b>	<input type="checkbox"/>	<b>Angry</b>	<input type="checkbox"/>	<b>Annoyed</b>
<input type="checkbox"/>	Ecstatic	<input type="checkbox"/>	Alive	<input type="checkbox"/>	Antagonistic	<input type="checkbox"/>	Enraged	<input type="checkbox"/>	Aggravated
<input type="checkbox"/>	Elated	<input type="checkbox"/>	Amazed	<input type="checkbox"/>	Appalled	<input type="checkbox"/>	Furious	<input type="checkbox"/>	Bitter
<input type="checkbox"/>	Enthralled	<input type="checkbox"/>	Animated	<input type="checkbox"/>	Contempt	<input type="checkbox"/>	Incensed	<input type="checkbox"/>	Cranky
<input type="checkbox"/>	Exuberant	<input type="checkbox"/>	Eager	<input type="checkbox"/>	Disgusted	<input type="checkbox"/>	Indignant	<input type="checkbox"/>	Dismayed
<input type="checkbox"/>	Giddy	<input type="checkbox"/>	Energetic	<input type="checkbox"/>	Distain	<input type="checkbox"/>	Irate	<input type="checkbox"/>	Disgruntled
<input type="checkbox"/>	Silly	<input type="checkbox"/>	Enthusiastic	<input type="checkbox"/>	Hate	<input type="checkbox"/>	Livid	<input type="checkbox"/>	Displeased
<input type="checkbox"/>	Slap-Happy	<input type="checkbox"/>	Invigorated	<input type="checkbox"/>	Horrorified	<input type="checkbox"/>	Mad	<input type="checkbox"/>	Exasperated
<input type="checkbox"/>		<input type="checkbox"/>	Lively	<input type="checkbox"/>	Repulsed	<input type="checkbox"/>	Outraged	<input type="checkbox"/>	Frustrated
<input type="checkbox"/>		<input type="checkbox"/>	Passionate	<input type="checkbox"/>	Scorn	<input type="checkbox"/>	Resentful	<input type="checkbox"/>	Grouchy
<input type="checkbox"/>	<b>Inspired</b>	<input type="checkbox"/>		<input type="checkbox"/>	Surly	<input type="checkbox"/>		<input type="checkbox"/>	Impatient
<input type="checkbox"/>	Amazed	<input type="checkbox"/>	<b>Joyful</b>	<input type="checkbox"/>	Vengeful	<input type="checkbox"/>	<b>Tense</b>	<input type="checkbox"/>	Irked
<input type="checkbox"/>	Astonished	<input type="checkbox"/>	Amused	<input type="checkbox"/>	Vindictive	<input type="checkbox"/>	Antsy	<input type="checkbox"/>	Irritated
<input type="checkbox"/>	Awed	<input type="checkbox"/>	Buoyant	<input type="checkbox"/>		<input type="checkbox"/>	Anxious	<input type="checkbox"/>	Peeved
<input type="checkbox"/>	Dazzled	<input type="checkbox"/>	Delighted	<input type="checkbox"/>	<b>Upset</b>	<input type="checkbox"/>	Bitter	<input type="checkbox"/>	Resentful
<input type="checkbox"/>	Radiant	<input type="checkbox"/>	Elated	<input type="checkbox"/>	Agitated	<input type="checkbox"/>	Distressed	<input type="checkbox"/>	Uptight
<input type="checkbox"/>	Rapturous	<input type="checkbox"/>	Exstastic	<input type="checkbox"/>	Alarmed	<input type="checkbox"/>	Distraught	<input type="checkbox"/>	
<input type="checkbox"/>	Surprised	<input type="checkbox"/>	Glad	<input type="checkbox"/>	Disturbed	<input type="checkbox"/>	Edgy	<input type="checkbox"/>	<b>Afraid</b>
<input type="checkbox"/>	Thrilled	<input type="checkbox"/>	Gleeful	<input type="checkbox"/>	Preturbed	<input type="checkbox"/>	Fidgety	<input type="checkbox"/>	Apprehensive
<input type="checkbox"/>	Uplifted	<input type="checkbox"/>	Happy	<input type="checkbox"/>	Rattled	<input type="checkbox"/>		<input type="checkbox"/>	Concerned
<input type="checkbox"/>		<input type="checkbox"/>	Jubliant	<input type="checkbox"/>	Restles	<input type="checkbox"/>	<b>Vulnerable</b>	<input type="checkbox"/>	Dread
<input type="checkbox"/>	<b>Curious</b>	<input type="checkbox"/>	Merry	<input type="checkbox"/>	Troubled	<input type="checkbox"/>	Cautious	<input type="checkbox"/>	Fearful
<input type="checkbox"/>	Adventurous	<input type="checkbox"/>	Mirthful	<input type="checkbox"/>	Turbulent	<input type="checkbox"/>	Fragile	<input type="checkbox"/>	Foreboding
<input type="checkbox"/>	Alert	<input type="checkbox"/>	Overjoyed	<input type="checkbox"/>	Turmoil	<input type="checkbox"/>	Guarded	<input type="checkbox"/>	Frightened
<input type="checkbox"/>	Interested	<input type="checkbox"/>	Pleased	<input type="checkbox"/>	Umcomfortable	<input type="checkbox"/>	Helpless	<input type="checkbox"/>	Hesitant
<input type="checkbox"/>	Intrigued	<input type="checkbox"/>	Radiant	<input type="checkbox"/>	Uneasy	<input type="checkbox"/>	Insecure	<input type="checkbox"/>	Mistrustful
<input type="checkbox"/>	Inquisitive	<input type="checkbox"/>	Tickled	<input type="checkbox"/>	Unnerved	<input type="checkbox"/>	Reluctant	<input type="checkbox"/>	Panicked
<input type="checkbox"/>	Fascinated	<input type="checkbox"/>		<input type="checkbox"/>	Unsettled	<input type="checkbox"/>		<input type="checkbox"/>	Petrified
<input type="checkbox"/>	Spellbound	<input type="checkbox"/>	<b>Engaged</b>	<input type="checkbox"/>		<input type="checkbox"/>	<b>Embarrassed</b>	<input type="checkbox"/>	Scared
<input type="checkbox"/>	Stimulated	<input type="checkbox"/>	Abrorbed	<input type="checkbox"/>	<b>Confused</b>	<input type="checkbox"/>	Ashamed	<input type="checkbox"/>	Suspicious
<input type="checkbox"/>		<input type="checkbox"/>	Alert	<input type="checkbox"/>	Ambivalent	<input type="checkbox"/>	Chagrined	<input type="checkbox"/>	Terrified
<input type="checkbox"/>	<b>Confident</b>	<input type="checkbox"/>	Ardent	<input type="checkbox"/>	Baffled	<input type="checkbox"/>	Guilty	<input type="checkbox"/>	Timid
<input type="checkbox"/>	Empowered	<input type="checkbox"/>	Curious	<input type="checkbox"/>	Bewildered	<input type="checkbox"/>	Disgraced	<input type="checkbox"/>	Trepidation
<input type="checkbox"/>	Proud	<input type="checkbox"/>	Engrossed	<input type="checkbox"/>	Dazed	<input type="checkbox"/>	Humiliated	<input type="checkbox"/>	Unnerved
<input type="checkbox"/>	Safe	<input type="checkbox"/>	Enchanted	<input type="checkbox"/>	Flustered	<input type="checkbox"/>	Mortified	<input type="checkbox"/>	Wary
<input type="checkbox"/>	Secure	<input type="checkbox"/>	Entranced	<input type="checkbox"/>	Hesitant	<input type="checkbox"/>	Remorse	<input type="checkbox"/>	Worried
<input type="checkbox"/>	Self-Assured	<input type="checkbox"/>	Involved	<input type="checkbox"/>	Lost	<input type="checkbox"/>	Regretful	<input type="checkbox"/>	Reserved
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Histified	<input type="checkbox"/>	Self-Conscious	<input type="checkbox"/>	Sentitive
<input type="checkbox"/>	<b>Hopeful</b>	<input type="checkbox"/>	<b>Grateful</b>	<input type="checkbox"/>	Perplexed	<input type="checkbox"/>		<input type="checkbox"/>	Shaky
<input type="checkbox"/>	Expectant	<input type="checkbox"/>	Appreciative	<input type="checkbox"/>	Puzzled	<input type="checkbox"/>	<b>Longing</b>	<input type="checkbox"/>	Unstead
<input type="checkbox"/>	Encouraged	<input type="checkbox"/>	Moved	<input type="checkbox"/>	Skeptical	<input type="checkbox"/>	Envious	<input type="checkbox"/>	Vigilant
<input type="checkbox"/>	Optimistic	<input type="checkbox"/>	Thankful	<input type="checkbox"/>	Torn	<input type="checkbox"/>	Jealous	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Touched	<input type="checkbox"/>		<input type="checkbox"/>	Nostalgic	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Pining	<input type="checkbox"/>	

<input type="checkbox"/>	<input type="checkbox"/>	<b>Refreshed</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Affectionate</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Tired</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Disconnected</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Sad</b>
<input type="checkbox"/>	<input type="checkbox"/>	Enlivened	<input type="checkbox"/>	<input type="checkbox"/>	Closeness	<input type="checkbox"/>	<input type="checkbox"/>	Beat	<input type="checkbox"/>	<input type="checkbox"/>	Alienated	<input type="checkbox"/>	<input type="checkbox"/>	Blue
<input type="checkbox"/>	<input type="checkbox"/>	Rejuvenated	<input type="checkbox"/>	<input type="checkbox"/>	Compassionate	<input type="checkbox"/>	<input type="checkbox"/>	Burned Out	<input type="checkbox"/>	<input type="checkbox"/>	Aloof	<input type="checkbox"/>	<input type="checkbox"/>	Depressed
<input type="checkbox"/>	<input type="checkbox"/>	Renewed	<input type="checkbox"/>	<input type="checkbox"/>	Friendly	<input type="checkbox"/>	<input type="checkbox"/>	Depleted	<input type="checkbox"/>	<input type="checkbox"/>	Apathetic	<input type="checkbox"/>	<input type="checkbox"/>	Dejected
<input type="checkbox"/>	<input type="checkbox"/>	Rested	<input type="checkbox"/>	<input type="checkbox"/>	Loving	<input type="checkbox"/>	<input type="checkbox"/>	Exhausted	<input type="checkbox"/>	<input type="checkbox"/>	Bored	<input type="checkbox"/>	<input type="checkbox"/>	Despair
<input type="checkbox"/>	<input type="checkbox"/>	Restored	<input type="checkbox"/>	<input type="checkbox"/>	Openhearted	<input type="checkbox"/>	<input type="checkbox"/>	Fatigued	<input type="checkbox"/>	<input type="checkbox"/>	Cold	<input type="checkbox"/>	<input type="checkbox"/>	Despondent
<input type="checkbox"/>	<input type="checkbox"/>	Revived	<input type="checkbox"/>	<input type="checkbox"/>	Sympathetic	<input type="checkbox"/>	<input type="checkbox"/>	Lethargic	<input type="checkbox"/>	<input type="checkbox"/>	Detached	<input type="checkbox"/>	<input type="checkbox"/>	Sdisappointed
<input type="checkbox"/>	<input type="checkbox"/>	Energetic	<input type="checkbox"/>	<input type="checkbox"/>	Tender	<input type="checkbox"/>	<input type="checkbox"/>	Listless	<input type="checkbox"/>	<input type="checkbox"/>	Disengaged	<input type="checkbox"/>	<input type="checkbox"/>	Discouraged
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Trusting	<input type="checkbox"/>	<input type="checkbox"/>	Sleepy	<input type="checkbox"/>	<input type="checkbox"/>	Disinterested	<input type="checkbox"/>	<input type="checkbox"/>	Disheartened
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Warm	<input type="checkbox"/>	<input type="checkbox"/>	Eary	<input type="checkbox"/>	<input type="checkbox"/>	Distant	<input type="checkbox"/>	<input type="checkbox"/>	Downcast
<input type="checkbox"/>	<input type="checkbox"/>	<b>Peaceful</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Relieved</b>	<input type="checkbox"/>	<input type="checkbox"/>	Worn-out	<input type="checkbox"/>	<input type="checkbox"/>	Distracted	<input type="checkbox"/>	<input type="checkbox"/>	Downhearted
<input type="checkbox"/>	<input type="checkbox"/>	Blissful	<input type="checkbox"/>	<input type="checkbox"/>	Composed	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Indifferent	<input type="checkbox"/>	<input type="checkbox"/>	Forlorn
<input type="checkbox"/>	<input type="checkbox"/>	Calm	<input type="checkbox"/>	<input type="checkbox"/>	Cool	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pain</b>	<input type="checkbox"/>	<input type="checkbox"/>	Lethargic	<input type="checkbox"/>	<input type="checkbox"/>	Gloomy
<input type="checkbox"/>	<input type="checkbox"/>	Centered	<input type="checkbox"/>	<input type="checkbox"/>	Trusting	<input type="checkbox"/>	<input type="checkbox"/>	Agony	<input type="checkbox"/>	<input type="checkbox"/>	Listless	<input type="checkbox"/>	<input type="checkbox"/>	Grief
<input type="checkbox"/>	<input type="checkbox"/>	Clear-headed	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Anguished	<input type="checkbox"/>	<input type="checkbox"/>	Lonely	<input type="checkbox"/>	<input type="checkbox"/>	Heavy-hearted
<input type="checkbox"/>	<input type="checkbox"/>	Mellow	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Bereaved	<input type="checkbox"/>	<input type="checkbox"/>	Numb	<input type="checkbox"/>	<input type="checkbox"/>	Hopeless
<input type="checkbox"/>	<input type="checkbox"/>	Quiet	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Devastated	<input type="checkbox"/>	<input type="checkbox"/>	Removed	<input type="checkbox"/>	<input type="checkbox"/>	Melancholy
<input type="checkbox"/>	<input type="checkbox"/>	Serene	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Heartbroken	<input type="checkbox"/>	<input type="checkbox"/>	Uninterested	<input type="checkbox"/>	<input type="checkbox"/>	Sorry
<input type="checkbox"/>	<input type="checkbox"/>	Tranquil	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Hurt	<input type="checkbox"/>	<input type="checkbox"/>	Withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	Unhappy
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<b>Relaxed</b>	<input type="checkbox"/>	<input type="checkbox"/>	Miserable	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	At Ease	<input type="checkbox"/>	<input type="checkbox"/>	Wretched	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Carefree	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Comfortable	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Open	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Content</b>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Fulfilled	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Glad	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Satisfied	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

**What does your body feel like?**

**Where do you feel it?**

<input type="checkbox"/>	<input type="checkbox"/>	Achy	<input type="checkbox"/>	<input type="checkbox"/>	Gentle	<input type="checkbox"/>	<input type="checkbox"/>	Shaky
<input type="checkbox"/>	<input type="checkbox"/>	Airy	<input type="checkbox"/>	<input type="checkbox"/>	Hard	<input type="checkbox"/>	<input type="checkbox"/>	Shivery
<input type="checkbox"/>	<input type="checkbox"/>	Blocked	<input type="checkbox"/>	<input type="checkbox"/>	Heavy	<input type="checkbox"/>	<input type="checkbox"/>	Slow
<input type="checkbox"/>	<input type="checkbox"/>	Breathless	<input type="checkbox"/>	<input type="checkbox"/>	Hollow	<input type="checkbox"/>	<input type="checkbox"/>	Smooth
<input type="checkbox"/>	<input type="checkbox"/>	Bruised	<input type="checkbox"/>	<input type="checkbox"/>	Hot	<input type="checkbox"/>	<input type="checkbox"/>	Soft
<input type="checkbox"/>	<input type="checkbox"/>	Burning	<input type="checkbox"/>	<input type="checkbox"/>	Icy	<input type="checkbox"/>	<input type="checkbox"/>	Sore
<input type="checkbox"/>	<input type="checkbox"/>	Buzzy	<input type="checkbox"/>	<input type="checkbox"/>	Itchy	<input type="checkbox"/>	<input type="checkbox"/>	Spacey
<input type="checkbox"/>	<input type="checkbox"/>	Clammy	<input type="checkbox"/>	<input type="checkbox"/>	Jumpy	<input type="checkbox"/>	<input type="checkbox"/>	Spaceous
<input type="checkbox"/>	<input type="checkbox"/>	Clenched	<input type="checkbox"/>	<input type="checkbox"/>	Knotted	<input type="checkbox"/>	<input type="checkbox"/>	Sparkly
<input type="checkbox"/>	<input type="checkbox"/>	Cold	<input type="checkbox"/>	<input type="checkbox"/>	Light	<input type="checkbox"/>	<input type="checkbox"/>	Stiff
<input type="checkbox"/>	<input type="checkbox"/>	Constricted	<input type="checkbox"/>	<input type="checkbox"/>	Loose	<input type="checkbox"/>	<input type="checkbox"/>	Still
<input type="checkbox"/>	<input type="checkbox"/>	Contained	<input type="checkbox"/>	<input type="checkbox"/>	Nauseous	<input type="checkbox"/>	<input type="checkbox"/>	Suffocated
<input type="checkbox"/>	<input type="checkbox"/>	Contracted	<input type="checkbox"/>	<input type="checkbox"/>	Numb	<input type="checkbox"/>	<input type="checkbox"/>	Sweaty
<input type="checkbox"/>	<input type="checkbox"/>	Dizzy	<input type="checkbox"/>	<input type="checkbox"/>	Pain	<input type="checkbox"/>	<input type="checkbox"/>	Tender
<input type="checkbox"/>	<input type="checkbox"/>	Drained	<input type="checkbox"/>	<input type="checkbox"/>	Pounding	<input type="checkbox"/>	<input type="checkbox"/>	Tense
<input type="checkbox"/>	<input type="checkbox"/>	Dull	<input type="checkbox"/>	<input type="checkbox"/>	Prickly	<input type="checkbox"/>	<input type="checkbox"/>	Throbbing
<input type="checkbox"/>	<input type="checkbox"/>	Electric	<input type="checkbox"/>	<input type="checkbox"/>	Pulsing	<input type="checkbox"/>	<input type="checkbox"/>	Tight
<input type="checkbox"/>	<input type="checkbox"/>	Emply	<input type="checkbox"/>	<input type="checkbox"/>	Queasy	<input type="checkbox"/>	<input type="checkbox"/>	Tingling
<input type="checkbox"/>	<input type="checkbox"/>	Expanded	<input type="checkbox"/>	<input type="checkbox"/>	Radiating	<input type="checkbox"/>	<input type="checkbox"/>	Trembly
<input type="checkbox"/>	<input type="checkbox"/>	Flowing	<input type="checkbox"/>	<input type="checkbox"/>	Relaxed	<input type="checkbox"/>	<input type="checkbox"/>	Twitchy
<input type="checkbox"/>	<input type="checkbox"/>	Fluid	<input type="checkbox"/>	<input type="checkbox"/>	Releasing	<input type="checkbox"/>	<input type="checkbox"/>	Vibrating
<input type="checkbox"/>	<input type="checkbox"/>	Fluttery	<input type="checkbox"/>	<input type="checkbox"/>	Rigid	<input type="checkbox"/>	<input type="checkbox"/>	Warm
<input type="checkbox"/>	<input type="checkbox"/>	Frozen	<input type="checkbox"/>	<input type="checkbox"/>	Sensitive	<input type="checkbox"/>	<input type="checkbox"/>	Wobbly
<input type="checkbox"/>	<input type="checkbox"/>	Full	<input type="checkbox"/>	<input type="checkbox"/>	Settled	<input type="checkbox"/>	<input type="checkbox"/>	Wooden



**Are these feelings familiar? When have you felt them before?**

**How was your initial reaction to the event different from your secondary reaction?**

**In what ways did you express your emotions?**

**If other individuals were involved, how were they affected? Should there be some follow-up?**

**In the future, how would you like to approach and experience the situation differently?**

**Are you feeling different now? How so?**