

How do I feel right now?

Date: _____ Time: _____

Level of vitality on a scale from 1 to 10:

Lethargic/Tiredness 0 Energetic 10

Mood/ state of mind on a scale from 1 to 10:

Happy 0 Sad/Depressed 10

Patient 0 Irritable 10

Calm 0 Anxious/Preoccupied 10

Low self-esteem 0 Self-confidence 10

Physiological symptoms:

- Agitation/Excitement, Tensions, Headache, Stomach ache, Other physical pains, No appetite, Dizziness, Numbness

Right now, I feel:

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What happened recently that could explain how I feel (situations, triggers, conflicts, activities, weather, hormones, change in medication, etc.):

