SESSION to LIFE

Daily Emotion Check-In

A few minutes to name what is here, without judgment.

Date: _____

Right now I feel (name 1–3 emotions):

On a scale of 1–10, the intensity is:

Where I notice it in my body:

What might have contributed to this feeling:

What this emotion might be asking for:

One caring thing I can do for myself today:

Educational resource only. Not a substitute for individualized mental health treatment. In crisis (US): call or text 988.