

Name _____

Date _____

EMOTIONAL DASHBOARD 8

FOR DEMONSTRATION ONLY
Please indicate if you have experienced any of these mood or mental conditions within the last week or since our last meeting.

Please scale them from 0 (lowest level) to 10 (highest level):

____ Anger ____ Anxiety ____ Confusion
____ Depression ____ Grief ____ Guilt

FOR DEMONSTRATION ONLY
How have you been using your personal power to manage these conditions?
(That is to say, what have you been doing to help yourself with them?)

FOR DEMONSTRATION ONLY
Please indicate if you have experienced significant physical pain during this same period and also scale from 0 (lowest level) to 10 (highest level):

_____ Pain

Are you tired, depleted or exhausted?

If so, rate from 0 (you feel rested) to 10 (highest level of exhaustion):

_____ Tired, depleted or exhausted

Notes

FOR DEMONSTRATION ONLY
On a scale of 0 - 10, how difficult do these symptoms make your life (0 easiest to 10 hardest)? _____