

# Emotional Regulation Worksheet

## *Patient Information*

**Name:**

**Date:**

**Therapist/Counselor:**

## *Current Emotions (List and Describe):*

- 1.
- 2.
- 3.
- 4.
- 5.

## *Trigger(s) for Emotions (Describe the situation or event that triggered each emotion):*

- 1.
- 2.
- 3.
- 4.
- 5.

## *Thoughts and Beliefs (Identify and record any negative or irrational thoughts associated with these emotions):*

- 1.
- 2.
- 3.
- 4.
- 5.

## *Cognitive Reframing (Challenge and reframe negative thoughts with balanced perspectives):*

- 1.
- 2.
- 3.
- 4.
- 5.

*Physical Sensations (Note any physical sensations linked to these emotions):*

- 1.
- 2.
- 3.
- 4.
- 5.

*Behavioral Responses (Describe how you typically respond to these emotions):*

- 1.
- 2.
- 3.
- 4.
- 5.

*Coping Strategies (List healthy coping techniques to manage these emotions):*

- 1.
- 2.
- 3.
- 4.
- 5.

*Goal Setting (Set achievable emotional management goals for the future):*

- 1.
- 2.
- 3.
- 4.
- 5.

*Additional Notes and Insights*