

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