## **Repressed Emotions Test**

Name:

Age:	Date:	
	ned to assist in identifying and understanding repressed emotions, facilitating notional healing and resilience.	
Identifying Signs of Repressed Emotions		
Describe how	often you feel emotionally numb or disconnected.	
Do you find it	hard to identify your feelings? Please elaborate.	
Have you expession stomachaches	erienced any unexplained physical symptoms (e.g., headaches, s)?	
How often do	these symptoms occur?	
_	eviors that may indicate repressed emotions (e.g., outbursts of anger, emotional topics).	
Describe any remotions.	recurring themes in your dreams that might relate to unresolved	
Historical and	Situational Factors	
Have you expeabout?	erienced any events in your past that you find difficult to think or talk	
How do you ge	enerally cope with distressing memories?	

Identify current stressors in your life that may contribute to emotional repression.
How do you manage these stressors?
Describe your family's approach to expressing emotions.
How do you feel your social environment impacts your emotional expression?
Coping Strategies and Emotional Expression
List the coping mechanisms you currently use.
Are these coping mechanisms effective in managing your emotions?
Describe how you wish to express your emotions more healthily or freely.
What barriers do you face in achieving this?
Identify people or groups that provide you emotional support.
How comfortable do you feel sharing your emotions with these support systems?

Action Plan and Next Steps
List specific short-term goals to improve emotional awareness and expression.
List long-term goals for managing and expressing repressed emotions.
What therapeutic interventions (e.g., counseling, mindfulness exercises) might be beneficial?
Schedule dates for reviewing progress and adapting strategies.
Health Drefessional's Observations, Decommendations, and Notes
Health Professional's Observations, Recommendations, and Notes
Name of Health Professional and Signature:
Name of Practice: