

# Unmet Emotional Needs Worksheet

Name:

Age:

Date:

This worksheet is a tool for exploration and growth. It is important to approach it with openness and honesty, and to discuss any challenges or discoveries with your healthcare professional

## Identifying Unmet Emotional Needs

How do you feel right now emotionally?

What specific emotions have been predominant recently?

Do you think these emotional needs have been met? Check any that you feel are being met.

Love and affection

Understanding and empathy

Security and safety

Connection and belonging

Appreciation and recognition

Autonomy and independence

Growth and self-fulfillment

Apart from those listed, what other emotional needs do you feel are unmet?

**How have these unmet needs affected your thoughts, feelings, and behaviors?**

**Have you made any attempts to fulfill these needs in the past? Please describe.**

### **Exploring the Origins of Unmet Needs**

**Reflect on your childhood and upbringing. Are there experiences that might have contributed to these unmet needs?**

**Consider your past relationships (both romantic and platonic). How have these relationships influenced your emotional needs?**

**Are there any cultural, societal, or family norms that have shaped your emotional needs or the way they have been addressed?**

### **Strategies for Addressing Unmet Emotional Needs**

**Write a statement of self-compassion acknowledging your unmet needs.**

**Identify and list healthy coping mechanisms that could help you manage emotions related to unmet needs.**

**Outline steps to build or strengthen your support system (family, friends, support groups, etc.).**

**Identify areas where you need to set healthier boundaries or assert your needs more clearly.**

**Are there professional resources (such as therapy, counseling, support groups) that might help? List any that you are considering.**

**Action Plan**

**List specific short-term goals for addressing your unmet emotional needs.**

**List long-term goals for emotional well-being and fulfillment.**

**Outline specific steps you plan to take to achieve these goals.**

**Schedule dates for reviewing progress and adjusting goals/actions as needed.**

**Health Professional's Observations, Recommendations, and Notes**

**Name of Health Professional and Signature:**

**Name of Practice:**