



FEEL THEN FLIP WORKSHEET



NAME:

DATE:

Circle how you feel:

Stressed Anxious Angry
 Sad Confused Tired
 Lonely Scared Overwhelmed
 Irritated Bored I don't know

Draw a STOP sign:

*to tell your thoughts to STOP

How bad do you feel right now?

1 2 3 4 5 6 7 8 9 10

What do you love to do more than anything?

What are you the most proud of?

What is your favourite memory?

*draw a picture on the back!

Who can you talk to or ask for a hug?

What would you say to a friend in your shoes?

What future plans are you excited about?

How do you feel now?

1 2 3 4 5 6 7 8 9 10