

My Emotional Responses

During the last 6 months, check all that you have or are currently experiencing

I want more	I want less....	I want less...	I want less....
<input type="checkbox"/> Happy <input type="checkbox"/> Joy <input type="checkbox"/> Ecstatic <input type="checkbox"/> Liberated <input type="checkbox"/> Proud <input type="checkbox"/> Confident <input type="checkbox"/> Important <input type="checkbox"/> Optimistic <input type="checkbox"/> Open <input type="checkbox"/> Inspired <input type="checkbox"/> Peaceful <input type="checkbox"/> Hopeful <input type="checkbox"/> Loving <input type="checkbox"/> Calm <input type="checkbox"/> Creative <input type="checkbox"/> Grateful <input type="checkbox"/> Supported <input type="checkbox"/> Contentment <input type="checkbox"/> Surprised <input type="checkbox"/> Confused <input type="checkbox"/> Disillusioned <input type="checkbox"/> Startled <input type="checkbox"/> Shocked <input type="checkbox"/> Dismayed <input type="checkbox"/> Amazed <input type="checkbox"/> Astonished <input type="checkbox"/> Awe <input type="checkbox"/> Excited <input type="checkbox"/> Eager <input type="checkbox"/> Energetic	<input type="checkbox"/> Fear <input type="checkbox"/> Scared - fearful <input type="checkbox"/> Helpless <input type="checkbox"/> Frightened <input type="checkbox"/> Anxious <input type="checkbox"/> Overwhelmed <input type="checkbox"/> Excessive Worrying <input type="checkbox"/> Insecure <input type="checkbox"/> Inadequate <input type="checkbox"/> Inferior <input type="checkbox"/> Weak <input type="checkbox"/> Worthless <input type="checkbox"/> Insignificant <input type="checkbox"/> Rejected <input type="checkbox"/> Excluded <input type="checkbox"/> Insecure <input type="checkbox"/> Threatened <input type="checkbox"/> Nervous <input type="checkbox"/> Exposed	<input type="checkbox"/> Anger <input type="checkbox"/> Hurt <input type="checkbox"/> Betrayed <input type="checkbox"/> Resentful <input type="checkbox"/> Humiliated <input type="checkbox"/> Disrespected <input type="checkbox"/> Ridiculed <input type="checkbox"/> Mad <input type="checkbox"/> Furious <input type="checkbox"/> Jealous / Envious <input type="checkbox"/> Resentful <input type="checkbox"/> Suspicious <input type="checkbox"/> Vulnerable <input type="checkbox"/> Aggressive <input type="checkbox"/> Provoked <input type="checkbox"/> Hostile <input type="checkbox"/> Frustrated <input type="checkbox"/> Infuriated <input type="checkbox"/> Annoyed <input type="checkbox"/> Distant <input type="checkbox"/> Withdrawn <input type="checkbox"/> Critical <input type="checkbox"/> Skeptical <input type="checkbox"/> Dismissive <input type="checkbox"/> Disgust <input type="checkbox"/> Disapproving <input type="checkbox"/> Judgmental <input type="checkbox"/> Embarrassed <input type="checkbox"/> Disappointed <input type="checkbox"/> Appalled <input type="checkbox"/> Revolted <input type="checkbox"/> Awful	<input type="checkbox"/> Sad <input type="checkbox"/> Hurt <input type="checkbox"/> Embarrassed <input type="checkbox"/> Disappointed <input type="checkbox"/> Depressed <input type="checkbox"/> Inferior <input type="checkbox"/> Empty <input type="checkbox"/> Guilty <input type="checkbox"/> Remorseful <input type="checkbox"/> Ashamed / Shame <input type="checkbox"/> Despair <input type="checkbox"/> Grief <input type="checkbox"/> Powerless <input type="checkbox"/> Helplessness <input type="checkbox"/> Vulnerable <input type="checkbox"/> Victimized <input type="checkbox"/> Victim as identity <input type="checkbox"/> Fragile <input type="checkbox"/> Lonely <input type="checkbox"/> Isolated <input type="checkbox"/> Empty <input type="checkbox"/> Numbness <input type="checkbox"/> Unworthiness <input type="checkbox"/> Hopeless <input type="checkbox"/> Abandoned <input type="checkbox"/> Bored <input type="checkbox"/> Apathetic <input type="checkbox"/> Indifferent <input type="checkbox"/> Inhibited anger <input type="checkbox"/> Utter aloneness

My top 3 most distressing emotional responses I want **less of**:

1. _____ 2. _____ 3. _____

My top 3 emotional responses I want **more of**:

1. _____ 2. _____ 3. _____

My Defense (Behavioral) Responses

During the last 6 months, check all that you have or are currently experiencing

I want more....	I want less....	I want less...	I want less...
<input type="checkbox"/> Calm <input type="checkbox"/> Engaged and Curious <input type="checkbox"/> Compassionate <input type="checkbox"/> Connected to people <input type="checkbox"/> Able to make decisions <input type="checkbox"/> Loving and empathetic <input type="checkbox"/> Mindful <input type="checkbox"/> Caring <input type="checkbox"/> Nurturing <input type="checkbox"/> Communicate well <input type="checkbox"/> Ready to learn <input type="checkbox"/> Able to problem-solve <input type="checkbox"/> Able to self-regulate <input type="checkbox"/> Able to express needs <input type="checkbox"/> Able to keep healthy boundaries <input type="checkbox"/> Able to self-soothe <input type="checkbox"/> Stable mood <input type="checkbox"/> Deeper relationship connections	<input type="checkbox"/> Relationship discord <input type="checkbox"/> Emotional reactivity - defensiveness <input type="checkbox"/> Avoidance behaviors <input type="checkbox"/> Phobias <input type="checkbox"/> Fears of failing <input type="checkbox"/> Impulsivity <input type="checkbox"/> Fixing / controlling/micromanaging <input type="checkbox"/> Self-sabotaging behaviors <input type="checkbox"/> Emotional overwhelm/feeling out of control <input type="checkbox"/> Perfectionism <input type="checkbox"/> Extreme attention to detail <input type="checkbox"/> Wanting to hide or run or quit <input type="checkbox"/> Performance / social anxiety <input type="checkbox"/> Overthinking/rumination <input type="checkbox"/> Over preparing <input type="checkbox"/> Poor concentration <input type="checkbox"/> Preoccupied <input type="checkbox"/> Procrastination <input type="checkbox"/> Constantly on the go, fidgety, always busy <input type="checkbox"/> Self-critical <input type="checkbox"/> Inability to ask for help <input type="checkbox"/> Overachiever / workaholic <input type="checkbox"/> Difficulty relaxing <input type="checkbox"/> Social Avoidance <input type="checkbox"/> Overeating / Binge eating <input type="checkbox"/> Undereating/restrictive eating <input type="checkbox"/> Purging food <input type="checkbox"/> Overspending <input type="checkbox"/> Excessive Alcohol /drug use <input type="checkbox"/> Difficulty organizing tasks <input type="checkbox"/> Risky behaviors	<input type="checkbox"/> Impulsive <input type="checkbox"/> Relationship Discord <input type="checkbox"/> Emotional Reactivity <input type="checkbox"/> Difficulty forgiving <input type="checkbox"/> Overly assertive <input type="checkbox"/> Communication problems <input type="checkbox"/> Insult, blame, mistreat <input type="checkbox"/> Aggression / Bullying <input type="checkbox"/> Showing off / clown <input type="checkbox"/> Getting defensive <input type="checkbox"/> Picking a fight <input type="checkbox"/> Saying mean or unkind things <input type="checkbox"/> Demanding /dominating <input type="checkbox"/> Uncontrollable yelling / Screaming <input type="checkbox"/> Hitting or throwing objects <input type="checkbox"/> Controlling behaviors <input type="checkbox"/> Not listening <input type="checkbox"/> Blaming / Criticizing <input type="checkbox"/> Withdrawing trust / suspicious <input type="checkbox"/> Difficulty relaxing <input type="checkbox"/> Omitting/withholding information <input type="checkbox"/> Attempts to hurt others <input type="checkbox"/> Legal problems <input type="checkbox"/> Feeling trapped	<input type="checkbox"/> Unhealthy or unstable relationships <input type="checkbox"/> Self-harming / self-injury <input type="checkbox"/> Catastrophic thinking <input type="checkbox"/> Avoiding conflict <input type="checkbox"/> Communication problems <input type="checkbox"/> Difficulty with problem-solving / indecisiveness <input type="checkbox"/> Lack of identity <input type="checkbox"/> Chronic suicidal preoccupation <input type="checkbox"/> Letting others take control <input type="checkbox"/> Loss of interest in activities <input type="checkbox"/> Isolation (freeze) <input type="checkbox"/> Couch potato (freeze) <input type="checkbox"/> Dissociate (freeze) <input type="checkbox"/> Diminished sex drive <input type="checkbox"/> Difficulty with boundaries <input type="checkbox"/> Difficulty standing up for self (freeze) <input type="checkbox"/> Spacing out / zoning out (freeze) <input type="checkbox"/> Codependent - clingy <input type="checkbox"/> Difficulty making decisions <input type="checkbox"/> Isolation - withdrawal <input type="checkbox"/> Excessive/uncontrollable/in tense sobbing <input type="checkbox"/> Disconnects from mind/body (freeze) <input type="checkbox"/> Conforms to others' wishes (fawn) <input type="checkbox"/> Poor self-care (fawn) <input type="checkbox"/> Shutdown - despair (fawn) <input type="checkbox"/> Giving up, not caring (fawn) <input type="checkbox"/> Approval Seeking (fawn) <input type="checkbox"/> People pleasing - overly agreeable, over caring (fawn) <input type="checkbox"/> Wanting to fit in (fawn) <input type="checkbox"/> Overly flattering (fawn) <input type="checkbox"/> Unmotivated (fawn) <input type="checkbox"/> Memory Lapses <input type="checkbox"/> Self-blame

My top 3 most distressing behavioral responses I want **less of**:

1. _____ 2. _____ 3. _____

My top 3 behavioral responses I want **more of**:

1. _____ 2. _____ 3. _____

My Somatic Responses

During the last 6 months, check all that you have or are currently experiencing

I want more....	I want less....	I want less..	I want less
<input type="checkbox"/> Calm heart rate	<input type="checkbox"/> Heart Palpitations / increased heart rate/chest pain		<input type="checkbox"/> Low energy
<input type="checkbox"/> Grounded	<input type="checkbox"/> Panic attacks		<input type="checkbox"/> Fatigue
<input type="checkbox"/> At ease	<input type="checkbox"/> Muscle tension / on-edge / jumpy		<input type="checkbox"/> Detached / Disconnected
<input type="checkbox"/> Deep regular breathing	<input type="checkbox"/> Physically / mentally checking out		<input type="checkbox"/> Breathing problems
<input type="checkbox"/> Open body language	<input type="checkbox"/> Hypervigilant / On alert		<input type="checkbox"/> Hollow
<input type="checkbox"/> Rhythmic variation of vocal tone	<input type="checkbox"/> Shaking / Trembling / sweating		<input type="checkbox"/> Heavy
<input type="checkbox"/> _____	<input type="checkbox"/> Difficulty Breathing / shortness of breath		<input type="checkbox"/> Difficult with sleep / over or under
<input type="checkbox"/> _____	<input type="checkbox"/> Overly energized		<input type="checkbox"/> Chronic fatigue
	<input type="checkbox"/> Restlessness / Inability to sit still		<input type="checkbox"/> Loss or gain weight
	<input type="checkbox"/> Stomach ache		<input type="checkbox"/> Auto-immune
	<input type="checkbox"/> Headache/ Migraine		<input type="checkbox"/> Unexplained physical symptoms
	<input type="checkbox"/> Loss or gain weight		<input type="checkbox"/> Numb
	<input type="checkbox"/> Difficult with sleep		<input type="checkbox"/> Brain fog
	<input type="checkbox"/> Nightmares / Flashbacks		<input type="checkbox"/> Shut down
	<input type="checkbox"/> Auto-immune		<input type="checkbox"/> Slouched posture
	<input type="checkbox"/> Unexplained physical / medical issues		
	<input type="checkbox"/> Nausea, vomiting		
	<input type="checkbox"/> Digestive issues		

My top 3 most distressing somatic responses I want **less of**:

1. _____ 2. _____ 3. _____

My top 3 most distressing somatic responses I want **more of**:

1. _____ 2. _____ 3. _____