# Emotions

Check all unwanted or distressing emotions that you experience during stressful or overwhelming situations. Bring this checklist to your next appointment.

## UNWANTED OR DISTRESSING EMOTIONS

- [ ] Depressed / Sad
- [ ] Anxious / Nervous
- [ ] Anger / Frustration
- [ ] Fearful/ Scared
- [ ] Helpless / Powerless
- [ ] Panic
- [ ] Rejected / ignored
- [ ] Humiliated
- [ ] Abandoned / Unloved
- [ ] Lonely / Forgotten
- [ ] Guilty / Shameful
- [ ] Inadequate
- [ ] Other___________
- [ ] Ignored / Unwanted
- [ ] Vulnerable
- [ ] Stressed Overwhelmed
- [ ] Worried
- [ ] Embarrassed / Hurt
- [ ] Insecure
- [ ] Resentful
- [ ] Unloved
- [ ] Trapped
- [ ] Numb / No emotions
- [ ] Suicidal
- [ ] Manipulated / controlled
- [ ] Other ___________

# Behaviors

Check all the behavioral responses you experience during or following stressful or overwhelming situations. Bring this checklist to your next appointment.

## UNWANTED OR DISTRESSING BEHAVIORS

- Controlling others
- Needing to be busy
- Isolating from others
- Excessive drug or alcohol use
- Demanding perfection
- Excessive shopping
- Excessive gambling
- Harming my body
- Avoiding people / places
- Avoiding conflicts
- Parenting problems
- Unsafe or risky sex
- Avoiding situations
- Other ________________
- Attacking others
- Controlling my temper
- Criticizing others
- Inability to make decisions
- Overly flattering of others
- Daydreaming
- Codependent - clingy
- Crying too much
- People pleasing
- Unhealthy relationships
- Sleeping too much
- Sleeping too little
- Excessive screen time
- Other ________________

# Thoughts

Check all the unwanted or distressing thoughts you have about yourself during stressful or overwhelming situations. Bring this checklist to your next appointment.

## UNWANTED OR DISTRESSING THOUGHTS

- [ ] People are not safe
- [ ] It's all my fault
- [ ] I have to please everyone
- [ ] I have to be perfect
- [ ] I deserve to be miserable
- [ ] I am confused
- [ ] I am damaged
- [ ] I am insignificant
- [ ] I am worthless
- [ ] I am unimportant
- [ ] I am unloveable
- [ ] I am not safe
- [ ] Other___________
- [ ] I am not good enough
- [ ] I hate my body
- [ ] I am ugly
- [ ] I can't be trusted
- [ ] I can't get what I want
- [ ] I am weak
- [ ] I don't belong
- [ ] I am a failure
- [ ] I am out-of-control
- [ ] I cannot communicate
- [ ] I don't matter
- [ ] I am not in control
- [ ] Other ___________

# Somatic

Check all body sensations you experience during or after stressful or overwhelming situations. Bring this checklist to your next appointment.

## UNWANTED OR DISTRESSING SOMATIC (BODY) SENSATIONS

- Nightmares
- Panic Attacks
- Tense / on-edge
- Heart Palpations
- Shakiness in my body
- Disconnected from my body
- Feelings of heaviness
- Spaced-out
- Low energy / no energy
- Diffuclty breathing
- Insomnia
- Intrusive memories
- Feeling paralyzed
- Unexplained pain
- Heacaches / migraine
- Body wants to run away
- Sluggish
- Decreased conentration
- Feeling alert or on-guard
- Teeth clenching
- Body wants to collapse
- Feeling numb
- Feeling out-of-control
- Other ____________

# I Want Less ....

Based on the previous sheets you completed, write the most distressing thoughts, emotions, behaviors, and/or ody sensations that you want LESS after completing EMDR therapy. Download to the client portal or bring to your next therapy session.

| **Thoughts**<br>Thoughts I want less of are: | **Emotions**<br>Emotions I want less of are: |
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| **Behaviors**<br>Behaviors I want less of are: | **Body Sensations**<br>Sensations I want less of are: |
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