



# SUMMIT COUNSELING

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## Basic Emotion Assessment

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Rating ==>

0

1

2

3

4

Happiness

0

1

2

3

4

Not happy

Very happy

Sadness

0

1

2

3

4

Not sad

Very sad

Anger

0

1

2

3

4

Not angry

Very angry

Shame

0

1

2

3

4

Not ashamed

Very ashamed

Anxiety

0

1

2

3

4

Not anxious

Very anxious

Any SI/HI

0

1

2

3

4

No SI/HI events

Several SI/HI events

Relapse

0

1

2

3

4

(If Applicable)

No relapses

Several relapses

Rating ==>

0

1

2

3

4