



SUMMIT COUNSELING

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Basic Emotion Assessment

Name: _____ Date: _____

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