

NAME YOUR FEELINGS

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HOW I FEEL TODAY...

- | | | |
|--------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> ANGRY | <input type="checkbox"/> HOT | <input type="checkbox"/> SHY |
| <input type="checkbox"/> UPSET | <input type="checkbox"/> NERVOUS | <input type="checkbox"/> SILLY |
| <input type="checkbox"/> SAD | <input type="checkbox"/> WORRIED | <input type="checkbox"/> KIND |
| <input type="checkbox"/> MAD | <input type="checkbox"/> CONFUSED | <input type="checkbox"/> CONFIDENT |
| <input type="checkbox"/> UNHAPPY | <input type="checkbox"/> SCARED | <input type="checkbox"/> CURIOUS |
| <input type="checkbox"/> ANXIOUS | <input type="checkbox"/> BORED | <input type="checkbox"/> SICK |
| <input type="checkbox"/> FRUSTRATED | <input type="checkbox"/> HUNGRY | <input type="checkbox"/> HOPELESS |
| <input type="checkbox"/> JEALOUS | <input type="checkbox"/> PROUD | <input type="checkbox"/> ASHAMED |
| <input type="checkbox"/> UNHEARD | <input type="checkbox"/> IMPATIENT | <input type="checkbox"/> GUILTY |
| <input type="checkbox"/> LEFT OUT | <input type="checkbox"/> GRUMPY | <input type="checkbox"/> SHOCKED |
| <input type="checkbox"/> TIRED | <input type="checkbox"/> MEAN | <input type="checkbox"/> HOPEFUL |
| <input type="checkbox"/> EMBARRASSED | <input type="checkbox"/> EXCITED | <input type="checkbox"/> LONELY |
| <input type="checkbox"/> SURPRISED | <input type="checkbox"/> DISAPPOINTED | <input type="checkbox"/> LOVED |
| <input type="checkbox"/> STRESSED | <input type="checkbox"/> THANKFUL | <input type="checkbox"/> COLD |