

Name _____ Date _____

THOUGHTS OR FEELINGS

Sometimes it can be hard to tell what we're thinking and what we're feeling. We often fool ourselves into believing that we feel something (and therefore that it is difficult to change) when in actual fact it is a thought. For each item say whether it is a thought or a feeling.

	THOUGHTS	FEELINGS
I feel ashamed	<input type="checkbox"/>	<input type="checkbox"/>
I feel like I'm being torn apart	<input type="checkbox"/>	<input type="checkbox"/>
I feel that something awful will happen	<input type="checkbox"/>	<input type="checkbox"/>
I feel as though I'm falling apart	<input type="checkbox"/>	<input type="checkbox"/>
I feel very angry	<input type="checkbox"/>	<input type="checkbox"/>
I feel as if my life will never get better	<input type="checkbox"/>	<input type="checkbox"/>
I feel scared	<input type="checkbox"/>	<input type="checkbox"/>
I feel heavy	<input type="checkbox"/>	<input type="checkbox"/>
I feel panicky	<input type="checkbox"/>	<input type="checkbox"/>
I feel so useless	<input type="checkbox"/>	<input type="checkbox"/>
I feel so guilty	<input type="checkbox"/>	<input type="checkbox"/>
I feel down	<input type="checkbox"/>	<input type="checkbox"/>
I feel that I'm a disgusting person	<input type="checkbox"/>	<input type="checkbox"/>
I feel like I'm a burden	<input type="checkbox"/>	<input type="checkbox"/>
I feel like nothing ever goes right	<input type="checkbox"/>	<input type="checkbox"/>
I feel lonely	<input type="checkbox"/>	<input type="checkbox"/>