

NAME: _____ DATE: _____

DBT Emotion Regulation Worksheet

Situation:

What happened?

Emotion(s) I Felt: *(circle or write)*

Angry / Sad / Anxious / Happy / Ashamed / Frustrated / Other: _____

How Strong Was the Emotion?

0 – 10: _____

What Thoughts Did I Have?

What Did I Do (Behavior)?

What Happened After?

Emotion I Felt:

What situation triggered the emotion?

What facts support my emotion?

What facts do NOT support my emotion?

Is my emotion based on facts or assumptions?

A more balanced thought:
