













I am feeling...

| | |
|--|--------------------------|
| Happy  | <input type="checkbox"/> |
| Embarrassed  | <input type="checkbox"/> |
| Sad  | <input type="checkbox"/> |
| Anxious  | <input type="checkbox"/> |
| Angry  | <input type="checkbox"/> |
| Shocked  | <input type="checkbox"/> |

I can stay calm...

| | |
|------------------------|--|
| 5 things you can see |  |
| 4 things you can touch |  |
| 3 things you can hear |  |
| 2 things you can smell |  |
| 1 things you can taste |  |

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