My Self-Assessment

Download this worksheet at *prescriptionswithoutpills.com*.

| | FREQUENCY How often do I feel this feeling? | DURATION How long does it last? | INTENSITY How intense is the feeling? |
|------------|---|--|--|
| | rarely, daily, all the time | a few minutes, hours, etc. | mild, major, overwhelming |
| Depression | | | |
| Anger | | | |
| Anxiety | | | |
| Addictions | | | |