

Describe Your Feelings

SIGHT.....does your feeling have a shape? Does your feeling have a color?
Does your feeling have a form?

TEXTURE.....how does your feeling feel to the touch? What texture is it?
Rough, smooth, hot, soft, hard, warm, cold?

PHYSICAL.....where in your body do you feel your feeling? Stomach? Head?
Neck? Back? Shoulders? Are you aware of any parts of your body that ache, feel tense
or uncomfortable?

TEMPERATURE.....does your feeling feel hot, warm or cold? A specific
temperature?

TASTE.....does your feeling have a taste? Food-sweet, bitter, sour, smooth,
rough, soft, hard, slippery?

SOUND.....what sound does your feeling have? Musical instruments? Noisy,
loud, soft, harsh, squeaky, knocking, cracking, singing?

SMELL.....does your feeling have a smell? Food-yum, sour, good, fresh,
stinks, perfume (flowers), sweet?

AGE.....how old or young do you feel when you experience this feeling?

**Paint a word picture to help someone else experience your feeling as you
experience it.**

TJ Focus Points—Use Describe Your Feelings (Chart 3)

Start out by identifying a feeling each day and writing your responses to the descriptors in your journal.

The feeling I am experiencing is _____

Sight description: Shape is _____

like what? _____

Color is _____

like what? _____

Form is _____ like what? _____

Texture description: Feels to the touch _____ like what? _____

Texture is _____ like what? _____

Physical description: Where in body? _____ Aware of body ache, tension, discomfort

Temperature description: Hot, warm, cold? Specific temperature _____

like what? _____

Taste description: Tastes _____

like what? _____

Sound description: _____

like what? _____

Smell description: Smells _____

like what? _____

Age: How old or young you feel?