Dear _________________,

A behavior that I am most upset about is __________________________________________________________________________

What behavior? Describe the behavior in detail. When/Where does it happen?

________________________________________________________________________________________________________________________________

The impact of this behavior on me is ______________________________________________________________________________________

________________________________________________________________________________________________________________________________

The needs in me that are not being met by this behavior are ______________________________________________________________________

________________________________________________________________________________________________________________________________

The feelings that I feel about this behavior are ______________________________________________________________________________

Name the feeling words. Circle the main feeling word.

Specifically, the physical sensations that I feel when I feel these feelings are ______________________________________________________________________

Describe these sensations in various parts of your body. Or describe your physical posture when you feel these feelings.

On a scale of 1 to 10 the intensity of these feelings are about a ______________________________________________________________________

It seems to me that your intentions are ______________________________________________________________________________________

________________________________________________________________________________________________________________________________

When I feel these feelings my inner conversation goes something like ______________________________________________________________________

________________________________________________________________________________________________________________________________

The behaviors that I tend to act out when I feel these feelings are ______________________________________________________________________

________________________________________________________________________________________________________________________________

The words that want to come out of my mouth when I feel these feelings are ______________________________________________________________________

________________________________________________________________________________________________________________________________

A previous time when I have felt similar feelings was the time when ______________________________________________________________________

Could be a time that goes back to childhood or anytime in-between. Could be a time in your relationship together.

My biggest fears in sharing my feelings with you are ______________________________________________________________________

________________________________________________________________________________________________________________________________

What I would like to see happen is ______________________________________________________________________________________

________________________________________________________________________________________________________________________________

Thank you for taking the time to listen to me.