

Emotional Vibration Scale Assessment

PATIENT INFORMATION

Name:: _____ Age:: _____

Gender:: _____ Date of Assessment:: _____ dd / mm / yyyy

EMOTIONAL ASSESSMENT

I. Current Emotional State:

Current Emotional State:

II. Identifying Emotions:

Fear:

Yes No

Fear Notes:

Grief:

Yes No

Grief Notes:

Despair:

Yes No

Despair Notes:

Guilt:

Yes No

Guilt Notes:

Anger:

Yes No

Anger Notes:

Doubt:

Yes No

Doubt Notes:

Discouragement:

Yes No

Discouragement Notes:

Blame:

Yes No

Blame Notes:

Overwhelm:

Yes No

Overwhelm Notes:

Frustration:

Yes No

Frustration Notes:

Hopefulness:

Yes No

Hopefulness Notes:

Optimism:

Yes No

Optimism Notes:

Contentment:

Yes No

Contentment Notes:

Acceptance:

Yes No

Acceptance Notes:

Love:

Yes No

Love Notes:

Joy:

Yes No

Joy Notes:

Passion:

Yes No

Passion Notes:

Gratitude:

Yes No

Gratitude Notes:

Empowerment:

Yes No

Empowerment Notes:

Freedom:

Yes No

Freedom Notes:

III. Impact on Daily Life

Impact on Daily Life:

IV. Goal Setting

Goal Setting:

V. Action Plan

Action Plan:

VI. Follow-up

Follow-up:

Notes: