



Emotion Elevator™

Which emotions have I been feeling lately?
[circle all that apply]

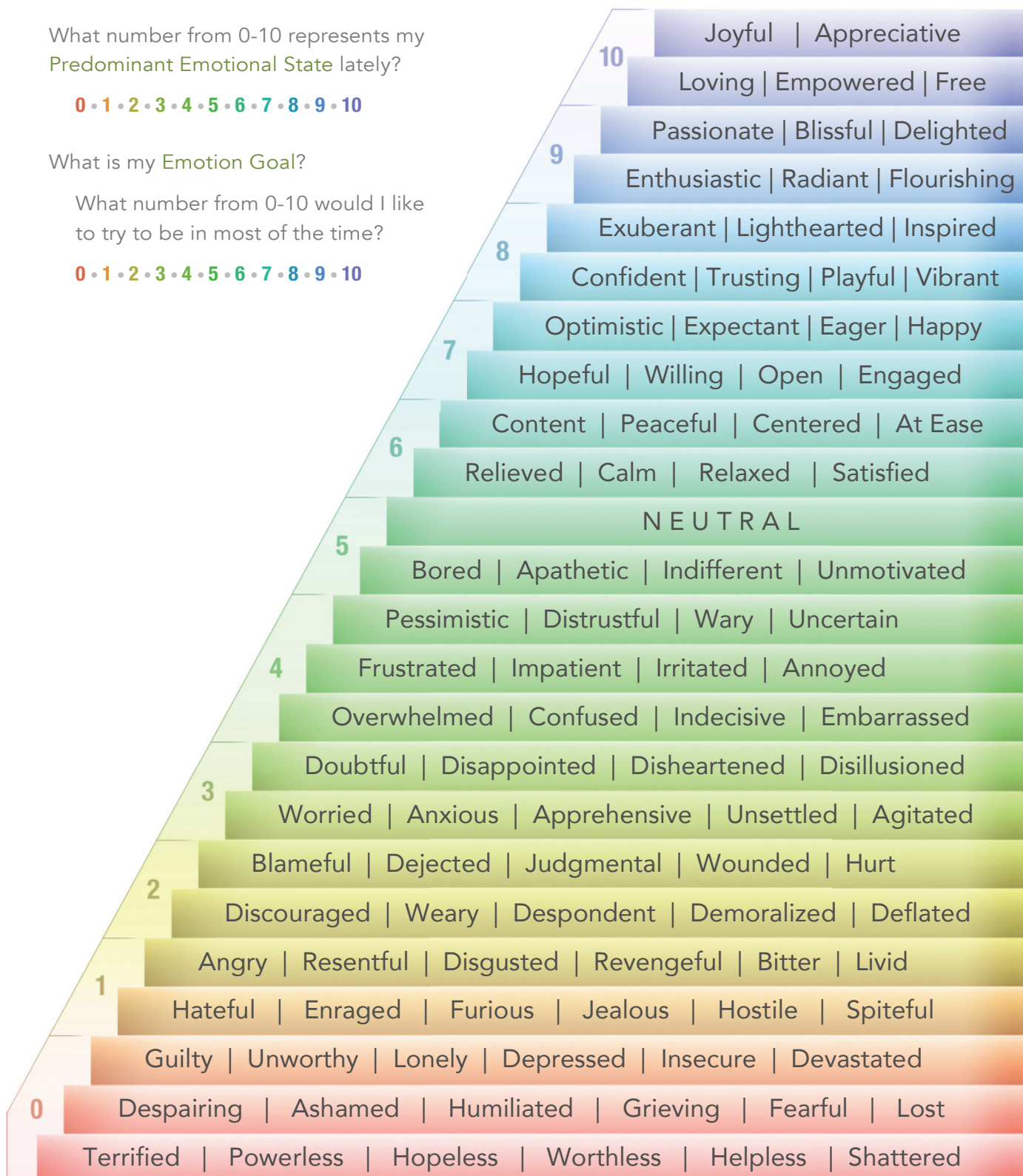
What number from 0-10 represents my
Predominant Emotional State lately?

0 • 1 • 2 • 3 • 4 • 5 • 6 • 7 • 8 • 9 • 10

What is my Emotion Goal?

What number from 0-10 would I like
to try to be in most of the time?

0 • 1 • 2 • 3 • 4 • 5 • 6 • 7 • 8 • 9 • 10





Symptoms of Stress

COGNITIVE [THINKING] SYMPTOMS

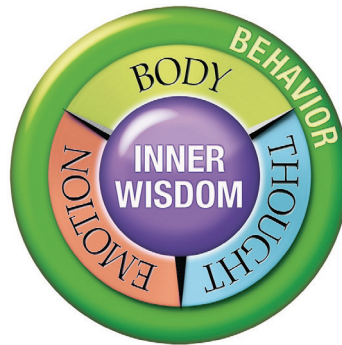
- | | | |
|---|--|---|
| <input type="checkbox"/> Racing thoughts | <input type="checkbox"/> Forgetfulness | <input type="checkbox"/> Confusion |
| <input type="checkbox"/> Ruminating thoughts | <input type="checkbox"/> Disorganization | <input type="checkbox"/> Trouble learning new information |
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Difficulty making decisions | <input type="checkbox"/> Suicidal thoughts * |
| <input type="checkbox"/> Other _____ | | |

EMOTIONAL SYMPTOMS

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Hostility | <input type="checkbox"/> Worthlessness |
| <input type="checkbox"/> Excessive Worry | <input type="checkbox"/> Depression | <input type="checkbox"/> Hopelessness |
| <input type="checkbox"/> Guilt | <input type="checkbox"/> Mood swings | <input type="checkbox"/> Helplessness |
| <input type="checkbox"/> Nervousness | <input type="checkbox"/> Irritability | <input type="checkbox"/> Feeling overwhelmed |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Impatience | <input type="checkbox"/> Distrust, suspicion, paranoia |
| <input type="checkbox"/> Frustration | <input type="checkbox"/> Loneliness | <input type="checkbox"/> Defensiveness |
| <input type="checkbox"/> Other _____ | | |

PHYSICAL SYMPTOMS

- ☐ Stiff or sore muscles
- ☐ Neck pain
- ☐ Back pain
- ☐ Joint pain
- ☐ Headaches
- ☐ Body aches
- ☐ Stomach aches
- ☐ Indigestion/heartburn
- ☐ Nausea
- ☐ Constipation/diarrhea
- ☐ Tightness of chest
- ☐ Difficulty breathing/sighing
- ☐ Other _____



- ☐ Chest pain/palpitations
- ☐ Jaw clenching
- ☐ Teeth grinding
- ☐ Dry mouth/difficulty swallowing
- ☐ Tired eyes
- ☐ Dizziness/lightheadedness
- ☐ Constant tiredness/fatigue
- ☐ Lack of energy
- ☐ Weight loss
- ☐ Weight gain
- ☐ Appetite decrease/increase
- ☐ Nausea
- ☐ Sleepiness

BEHAVIORAL SYMPTOMS

- | | | |
|--|--|--|
| <input type="checkbox"/> Social withdrawal/isolation | <input type="checkbox"/> Panic attacks | <input type="checkbox"/> Lack of interest in appearance |
| <input type="checkbox"/> Difficulty communicating | <input type="checkbox"/> Short-tempered | <input type="checkbox"/> Lack of interest in punctuality |
| <input type="checkbox"/> Difficulty concentrating | <input type="checkbox"/> Over-reacting | <input type="checkbox"/> Decreased productivity |
| <input type="checkbox"/> Lack of sexual interest | <input type="checkbox"/> Nail biting | <input type="checkbox"/> Loss of sense of humor |
| <input type="checkbox"/> Crying spells/weepiness | <input type="checkbox"/> Weight gain/weight loss | <input type="checkbox"/> Alcohol/substance abuse |
| <input type="checkbox"/> Nervous habits, fidgeting | <input type="checkbox"/> Overeating/not eating | <input type="checkbox"/> Obsessive/compulsive behavior |
| <input type="checkbox"/> Other _____ | | |

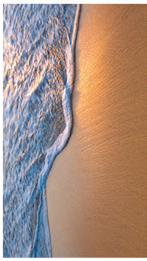
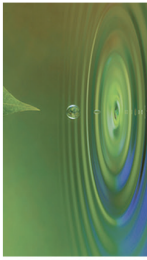
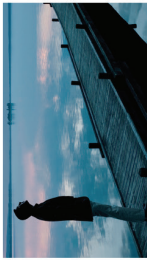
* **IMPORTANT:** This is an educational course, and we do not provide mental health or crisis services. If you are feeling suicidal or are in need of immediate assistance due to an emotional crisis, a list of crisis help lines and service providers can be found in your phone book. You can also contact the following organizations:

National Suicide Hotline: 800-273-TALK (8255) / National Mental Health Association Information Center: nmha.org or **CALL: 911**



Pillar Assessment™

On a scale of 0 - 10, with '0' equal to: "I'm not even close" and '10' equal to: "I feel it completely," rate where you believe you are by shading one dot for each of The Seven Pillars of Personal Strength®.



hope	balance	inner strengths	self-care	support	spirit	life story
I focus on thoughts/action s that empower.	I take control of how I spend my time.	I recognize the strengths within me.	I make my own needs a priority.	I give and receive the love I need.	I connect to a source of inner peace.	I find value in all my experiences.
10 ●	10 ●	10 ●	10 ●	10 ●	10 ●	10 ●
9 ●	9 ●	9 ●	9 ●	9 ●	9 ●	9 ●
8 ●	8 ●	8 ●	8 ●	8 ●	8 ●	8 ●
7 ●	7 ●	7 ●	7 ●	7 ●	7 ●	7 ●
6 ●	6 ●	6 ●	6 ●	6 ●	6 ●	6 ●
5 ●	5 ●	5 ●	5 ●	5 ●	5 ●	5 ●
4 ●	4 ●	4 ●	4 ●	4 ●	4 ●	4 ●
3 ●	3 ●	3 ●	3 ●	3 ●	3 ●	3 ●
2 ●	2 ●	2 ●	2 ●	2 ●	2 ●	2 ●
1 ●	1 ●	1 ●	1 ●	1 ●	1 ●	1 ●
0 ●	0 ●	0 ●	0 ●	0 ●	0 ●	0 ●



Final Impressions

After experiencing the Pillar Program, which Pillars would I rate **highest** and why?

Which Pillars would I rate **lowest** and why?

Which Pillars would I like to do more work on and why?

The Seven Pillars of Personal Strength[®]



hope

I focus on
thoughts/actions
that empower.

balance

I take control of
how I spend
my time.

inner
strengths

I recognize
the strengths
within me.

self-care

I make my
own needs a
priority.

support

I give and
receive the
love I need.

spirit

I connect
to a source of
inner peace.

life story

I find value
in all my
experiences.

ARE THE PILLAR SENTENCES TRUE FOR ME?

How do I now feel about each Pillar?

Hope: _____

Balance: _____

Inner Strengths: _____

Self-Care: _____

Support: _____

Spirit: _____

Life Story: _____



Checklist of Pillars & Tools

TOOLS BY MODULE	IT IS HELPFUL	NOTES
SELF-ASSESSMENT		
Emotion Elevator™	<input type="checkbox"/>	
Common Stressors	<input type="checkbox"/>	
Symptoms of Stress	<input type="checkbox"/>	
Pillar Assessment™	<input type="checkbox"/>	
First Impressions	<input type="checkbox"/>	
FOUNDATION		
Think, Shift, Release™		
THINK	<input type="checkbox"/>	
SHIFT	<input type="checkbox"/>	
RELEASE	<input type="checkbox"/>	
Emotion Sentence	<input type="checkbox"/>	
Emotion Journey	<input type="checkbox"/>	
Personal Compass™	<input type="checkbox"/>	
My Beliefs	<input type="checkbox"/>	
Self-Care Plan	<input type="checkbox"/>	
Reimagine Self-Care	<input type="checkbox"/>	
HOPE		
Worries to Wishes™	<input type="checkbox"/>	
BALANCE		
Balance Pie™	<input type="checkbox"/>	
INNER STRENGTHS		
My Strengths PART I	<input type="checkbox"/>	
My Strengths PART II	<input type="checkbox"/>	
Needs Inventory™	<input type="checkbox"/>	
Strengths & Needs on the Pie™	<input type="checkbox"/>	
SELF-CARE		
Body Drawing	<input type="checkbox"/>	
Dialog With . . .™	<input type="checkbox"/>	
Mindful Eating Compass	<input type="checkbox"/>	
Mindful Moving Compass	<input type="checkbox"/>	
SUPPORT		
Support Map™	<input type="checkbox"/>	
SPIRIT		
Connecting to Spirit	<input type="checkbox"/>	
Letters To & From Spirit	<input type="checkbox"/>	
LIFE STORY		
Lifeline	<input type="checkbox"/>	
DIGGING DEEPER™	<input type="checkbox"/>	
GRADUATION & NEXT STEPS		
Final Impressions	<input type="checkbox"/>	
Reflections	<input type="checkbox"/>	

Checklist of Pillars & Tools (CONTINUED)

	IT IS HELPFUL	NOTES
MINIS		
Body Scan	<input type="checkbox"/>	
Counting	<input type="checkbox"/>	
"I am... at Peace"	<input type="checkbox"/>	
Three Minutes of Self-Care	<input type="checkbox"/>	
"I am... (an Inner Strength)"	<input type="checkbox"/>	
Breathe in What I Need	<input type="checkbox"/>	
Circle of Love	<input type="checkbox"/>	
Letting Go	<input type="checkbox"/>	
Favorite Memory	<input type="checkbox"/>	
Self-Love	<input type="checkbox"/>	
REIMAGINE DAILY™ JOURNAL	<input type="checkbox"/>	
INSTANT MOOD SHIFTERS POCKET	<input type="checkbox"/>	
GUIDED VISUALIZATIONS		
Seven Minutes of Peace	<input type="checkbox"/>	
Safe Place	<input type="checkbox"/>	
The Light	<input type="checkbox"/>	
The Raft	<input type="checkbox"/>	
The Flower	<input type="checkbox"/>	
The Bench	<input type="checkbox"/>	
The Campfire	<input type="checkbox"/>	
Spirit Guide	<input type="checkbox"/>	
The Movie of Your Life	<input type="checkbox"/>	
Perfect Last Day (optional)	<input type="checkbox"/>	
MIND-BODY SKILLS		
Meditation:		
• Mini Meditation	<input type="checkbox"/>	
• Guided Visualization	<input type="checkbox"/>	
Stream-of-Consciousness Writing	<input type="checkbox"/>	
• Journaling	<input type="checkbox"/>	
• Dialoging	<input type="checkbox"/>	
Free Association	<input type="checkbox"/>	
Drawing	<input type="checkbox"/>	