|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Rating | How does this feel? | What makes me feel this way? | How can I tell? | What can I do? |
| 5 |  |  |  |  |
| 4 |  |  |  |  |
| 3 |  |  |  |  |
| 2 |  |  |  |  |
| 1 |  |  |  |  |