Name _____ Date _____

How do you feel?

Read what happened. Circle how you would feel.

1.	You have not eaten all day.	cold	crying	hungry
2.	You ran and ran at the park.	tired	hungry	cold
3.	It is snowing and you have no coat.	laughing	hot	cold
4.	You get a new puppy today.	happy	hot	tired
5.	Your ice cream falls on the ground.	cold	sad	happy
6.	You bump your knee on a chair.	hurt	tired	happy