1. WORKING WITH VOICES : IDENTIFYING THE VOICES				DATE:		
YOUR NAME:						
Part of "you" YES/NO	Gender	Aprox age	Primary emotions expressed	Is the Voice helpful? YES/NO	How does the voice make you feel?	Senses impacted
YES	Trans	15	Rage	NO	very frightened	sight, hearing
NO	neutral	na	calm/loving	yes	warm	sight
	Part of "you" YES/NO	Part of "you" YES/NOGenderYESTrans	Part of "you" YES/NOAprox GenderYESTrans15	Part of "you" YES/NOAprox GenderPrimary emotions expressedYESTrans15Rage	Part of "you" YES/NOAprox agePrimary emotions 	Part of "you" YESAprox agePrimary emotions expressedIs the Voice helpful? YES/NOHow does the voice make you feel?YESTrans15RageNOvery frightened