LIVING IN FULL EXPERIENCE—THE LIFE FORM

A Life Enhancement Exercise

Date: ____ /____ / ____ Time: ________ A.M./P.M.

Check off any sensations you experienced just now:

- ☐ Dizziness
- ☐ Breathlessness
- ☐ Fast heartbeat
- ☐ Blurred vision
- ☐ Tingling/numbness
- ☐ Sense of unreality
- ☐ Sweatiness
- ☐ Hot/cold flashes
- ☐ Chest tightness/pain
- ☐ Trembling/shaking
- ☐ Feeling of choking
- ☐ Nausea
- ☐ Neck/muscle tension
- ☐ Detachment from self

Check what emotion best describes your experience of these sensations (pick one):

☐ Fear ☐ Anxiety ☐ Depression ☐ Other: ________

Now rate how strongly you felt this emotion/feeling (circle number):

0 1 2 3 4 5 6 7 8

Mild/Weak Moderate Extremely Intense

Now rate how willing you were to have these sensations/feelings without acting on them (e.g., to manage them, get rid of them, suppress them, run from them):

0 1 2 3 4 5 6 7 8

Extremely Willing Moderate Completely Unwilling

Describe *where you were* when these sensations occurred: ____________________

____

Describe *what you were doing* when these sensations occurred: ________________

____

Describe *what your mind was telling you* about the sensations/feelings: __________

____

Describe *what you did* (if anything) about the sensations/feelings: _____________

____

If you did anything about the sensations or feelings, *did it get in the way of anything* you really value or care about? If so, describe what that was here: ________________

____

____

DAILY ACT RATINGS

Life Enhancement Exercise Record Form

At the end of each day, please make a rating for each of the following four questions using the scale below. Ratings for each question can range from 0 (not at all) to 10 (extreme amount):

0	1	2	3	4	5	6	7	8	9	10

None / Not at all — Extreme amount

Suffering: How upset and distressed over anxiety were you today overall? _________

Struggle: How much effort did you put into making anxiety-related feelings or thoughts go away today (for example, by suppressing them; distracting yourself; reassuring yourself or seeking reassurance from someone else)? _________

Workability: If life in general were like today, to what degree would today be part of a vital, workable way of living for you? _________

Valued Action: How much have you engaged in behaviors (actions) today that accord with your values and life goals? _________

Day	**Suffering 0–10**	**Struggle 0–10**	**Workability 0–10**	**Valued Action 0–10**
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				