

Living in Full Experience—The LIFE Form

A Life Enhancement Exercise

Complete this form after every episode where unwanted thoughts, sensations or feelings occur.

Date: _____ / _____ / _____

Time: _____ A.M./P.M.

Check off any sensations you experienced just now:

- | | | | | |
|---|---|--|--|---------------------------------|
| <input type="checkbox"/> dizziness sense of unreality | <input type="checkbox"/> feeling of choking | <input type="checkbox"/> breathlessness | <input type="checkbox"/> sweatiness | <input type="checkbox"/> nausea |
| <input type="checkbox"/> fast heartbeat | <input type="checkbox"/> hot/cold flashes | <input type="checkbox"/> neck/muscle tension | <input type="checkbox"/> blurred vision | |
| <input type="checkbox"/> chest tightness/pain | <input type="checkbox"/> detachment from self | <input type="checkbox"/> tingling/numbness | <input type="checkbox"/> trembling/shaking | |

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

- | | | | |
|-------------------------------|----------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> fear | <input type="checkbox"/> anxiety | <input type="checkbox"/> depression | <input type="checkbox"/> 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: