

How Are You Doing? Relapse Prevention, Signs and Action Plan

	Date:	Name			
Assessment: How well are you doing on each process? (Rate 1-10)	My bodily/physical sensations are	My facial sensations-signals are	My bodily responses/actions are	When I BEGIN to notice warning signs (sensation, feelings, thoughts, actions) my plan is to:	What are the obstacles to implementing plan?
<p>Depression [10 is worst].....</p> <p>Anxiety</p> <p>Hopelessness</p> <p>Out of Control</p> <hr/> <p>[For items below 10 is BEST] If you rate any of the following 7 or less keep working on it by doing practices in the "Plan" column on the right.]</p> <p>Present moment awareness (vs being in past or future)</p> <p>Acceptance of my thoughts and feelings even when I don't like them vs avoidance</p> <p>Cognitive defusion – not getting hooked on my thoughts (for example, not buying in to my shoulds, oughts, have to's)</p> <p>Self as context (observer self - ability to see my thoughts and feelings as experiences not as who I am)</p> <p>I am clear about what I choose to value in life</p> <p>I take action consistent with my values</p>	<p><input type="checkbox"/> hot coals in pit of stomach</p> <p><input type="checkbox"/> tingling all over</p> <p><input type="checkbox"/> shortness of breath</p> <p><input type="checkbox"/> tightening in stomach</p> <p><input type="checkbox"/> rush of energy</p> <p><input type="checkbox"/> speed up of heart beat</p> <p><input type="checkbox"/> jittery stomach</p> <p><input type="checkbox"/> empty feeling in stomach</p> <p><input type="checkbox"/> fist feels heavy/tight</p> <p><input type="checkbox"/> pain in neck</p> <p><input type="checkbox"/> pressure in head</p> <p><input type="checkbox"/> tight gut</p> <p><input type="checkbox"/> heightened pulse in wrist or neck</p> <p><input type="checkbox"/> flushed head</p> <p><input type="checkbox"/> shoulder tightening</p> <p><input type="checkbox"/> other _____</p>	<p><input type="checkbox"/> flushed face</p> <p><input type="checkbox"/> gritting teeth</p> <p><input type="checkbox"/> clenching jaws</p> <p><input type="checkbox"/> tightening lips</p> <p><input type="checkbox"/> pursing lips</p> <p><input type="checkbox"/> forehead tightens</p> <p><input type="checkbox"/> other _____</p> <p>FEELINGS</p> <p><input type="checkbox"/> sadness</p> <p><input type="checkbox"/> anxious</p> <p><input type="checkbox"/> fearful</p> <p><input type="checkbox"/> angry/ mad</p> <p><input type="checkbox"/> happy</p> <p><input type="checkbox"/> disgust</p> <p><input type="checkbox"/> contempt</p> <p><input type="checkbox"/> Irritable</p> <p><input type="checkbox"/> hopeless</p> <p><input type="checkbox"/> other _____</p> <p>THOUGHTS</p> <p><input type="checkbox"/> racing</p> <p><input type="checkbox"/> can't control</p> <p><input type="checkbox"/> can't concentrate</p> <p><input type="checkbox"/> obsessing about one thing</p> <p><input type="checkbox"/> automatic thoughts (specify)</p>	<p><input type="checkbox"/> moving in closer to other people</p> <p><input type="checkbox"/> moving away from others (isolating)</p> <p><input type="checkbox"/> chewing fingernails</p> <p><input type="checkbox"/> voice gets louder</p> <p><input type="checkbox"/> voice gets higher in pitch</p> <p><input type="checkbox"/> intrusion of other's space</p> <p><input type="checkbox"/> taller or more threatening posture</p> <p><input type="checkbox"/> sweating under arms</p> <p><input type="checkbox"/> clenching all over</p> <p><input type="checkbox"/> going off by myself</p> <p><input type="checkbox"/> stop talking</p> <p><input type="checkbox"/> change in eating habits</p> <p><input type="checkbox"/> giving up on exercise</p> <p><input type="checkbox"/> not wanting to deal with business (open mail, pay bills, cook)</p> <p><input type="checkbox"/> putting things off</p> <p><input type="checkbox"/> change in sleep habits</p> <p><input type="checkbox"/> other _____</p>	<p><input type="checkbox"/> meditate</p> <p><input type="checkbox"/> 3 minute breathing space or StopLookListen- check-in</p> <p><input type="checkbox"/> body scan</p> <p><input type="checkbox"/> mindful movement (walk, eat, etc)</p> <p><input type="checkbox"/> breath meditation</p> <p><input type="checkbox"/> Choiceless awareness meditation</p> <p><input type="checkbox"/> Mountain meditation</p> <p><input type="checkbox"/> take time out</p> <p><input type="checkbox"/> Do more activities that give a sense of pleasure or mastery such as</p> <p><input type="checkbox"/> Reviewing my values list or Mission Statement</p> <p><input type="checkbox"/> Doing something I value such as</p> <p><input type="checkbox"/> practice assertiveness – mindful communication and listening</p> <p><input type="checkbox"/> Read</p> <p><input type="checkbox"/> check in with friend or family member- increase social contact.</p> <p><input type="checkbox"/> Do a favor for someone else.</p> <p><input type="checkbox"/> Call your therapist</p> <p><input type="checkbox"/> other _____</p>	<p style="text-align: center;">What will you do to overcome the obstacles?</p> <hr/> <p style="text-align: center;">What future events might be difficult and how will you deal with them?</p>