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:

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

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: _____

_____

_____

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