

ACCEPTANCE OF THOUGHTS AND FEELINGS

Life Enhancement Exercise Practice Form

In the first (left) column, record whether you make a commitment to practice the Acceptance of Thoughts and Feelings exercise that day and include the date. In the second column, record whether you actually practiced, when you practiced, and how long you practiced. In the third column, record whether you used a tape or not. In the fourth column, write down anything that comes up during your practice and that you would like to talk about at our next meeting.

Commitment: yes/no Date:	Practiced: yes/no When practiced? How long (min.)?	Tape/CD: yes / no	Comments
Saturday: Date:	Practiced: yes / no Time: A.M./P.M. Minutes:		
Sunday: Date:	Practiced: yes / no Time: A.M./P.M. Minutes:		
Monday: Date:	Practiced: yes / no Time: A.M./P.M. Minutes:		
Tuesday: Date:	Practiced: yes / no Time: A.M./P.M. Minutes:		
Wednesday: Date:	Practiced: yes / no Time: A.M./P.M. Minutes:		
Thursday: Date:	Practiced: yes / no Time: A.M./P.M. Minutes:		
Friday: Date:	Practiced: yes / no Time: A.M./P.M. Minutes:		