


DISTRESS TOLERANCE WORKSHEET

DATE	How I Felt Before I Used the Skill <i>Scale 0-5</i> 0=awful 5=great	<u>CRISIS SURVIVAL</u> ACCEPTS: <i>Activities Contributing Comparisons Emotions</i> <i>Pushing Away Thoughts Sensations</i> SELF SOOTHING: <i>Vision Hearing Smell Taste Touch</i> IMPROVE: <i>Imagery Meaning Prayer Relaxation</i> <i>One thing in the moment Vacation Encourage</i> OBSERVE YOUR BREATHING HALF-SMILING	WHAT I DID	How I Felt After I Used the Skill <i>Scale 0-5</i> 0=awful 5=great	COMMENTS

RESULTS	_____ Your physician	_____ Phone	 Just medical examinations
Are you presently taking drugs or medication? <input type="checkbox"/> Yes			