

AWARENESS OF UNPLEASANT EVENTS CALENDAR

Instructions: Be aware of one unpleasant event or occurrence each day *while* it is happening.
Record your experience below.

| | What was the experience? | Were you aware of the unpleasant feelings <i>while</i> the event was happening? | How did your body feel, in detail, during this experience? | What moods, feelings, and thoughts accompanied this event? | What thoughts are in your mind right now, as you write this down? |
|-----------|--------------------------|---|--|--|---|
| Sunday | | | | | |
| Monday | | | | | |
| Tuesday | | | | | |
| Wednesday | | | | | |
| Thursday | | | | | |
| Friday | | | | | |
| Saturday | | | | | |