

# Class 1 Home Activities: Pleasant Events Calendar

| <b>Day</b>  | What was a pleasant experience today? Were you aware of the pleasant feelings while the event was happening? How did your body feel? What moods and thoughts were there then ? And now? (Examples: Eating a delicious meal, seeing a pretty sight, accomplishing a task, a good deed, receiving a compliment) |
|-------------|---|
| <b>Mon</b>  |   |
| <b>Tue</b>  |   |
| <b>Wed</b>  |   |
| <b>Thur</b> |   |
| <b>Fri</b>  |   |
| <b>Sat</b>  |   |
| <b>Sun</b>  |   |

# Class 2 Home Activities: Unpleasant Events Calendar

| <b>Day</b>   | What was an unpleasant experience today? Were you aware of the unpleasant feelings while the event was happening? How did your body feel? What sensations were there? What thoughts are going through your mind about the experience? |
|--------------|---|
| <b>Mon</b>   |   |
| <b>Tue</b>   |   |
| <b>Wed</b>   |   |
| <b>Thurs</b> |   |
| <b>Fri</b>   |   |
| <b>Sat</b>   |   |
| <b>Sun</b>   |   |

# Class 2 Home Activities: Stress Self-Assessment

## Physical Symptoms:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Headaches     | <input type="checkbox"/> Sleep Difficulties | <input type="checkbox"/> Tight Neck      | <input type="checkbox"/> Tiredness       |
| <input type="checkbox"/> Stomach Aches | <input type="checkbox"/> Dizziness          | <input type="checkbox"/> Fast Heart Beat | <input type="checkbox"/> Ringing in Ears |
| <input type="checkbox"/> Sweaty Palms  | <input type="checkbox"/> Back Pain          | <input type="checkbox"/> Restlessness    |  |

## Behavioral Symptoms:

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> Smoking     | <input type="checkbox"/> Critical Attitude       | <input type="checkbox"/> Over Eating          |
| <input type="checkbox"/> Bossiness   | <input type="checkbox"/> Grinding Teeth at Night | <input type="checkbox"/> Not completing tasks |
| <input type="checkbox"/> Gum Chewing | <input type="checkbox"/> Overuse of Alcohol      |   |

## Emotional Symptoms:

- |                                      |   |  |                                       |
|--------------------------------------|---|--|---------------------------------------|
| <input type="checkbox"/> Crying      | <input type="checkbox"/> Edginess; ready to explode | <input type="checkbox"/> Anger                     | <input type="checkbox"/> Easily Upset |
| <input type="checkbox"/> Nervousness | <input type="checkbox"/> Feeling powerless          | <input type="checkbox"/> Loneliness                |                                       |
| <input type="checkbox"/> Boredom     | <input type="checkbox"/> Overwhelmed                | <input type="checkbox"/> Unhappiness for no reason |                                       |

## Cognitive Symptoms:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Trouble thinking clearly | <input type="checkbox"/> Memory loss              | <input type="checkbox"/> Constant worry         |
| <input type="checkbox"/> Forgetfulness            | <input type="checkbox"/> Indecisiveness           | <input type="checkbox"/> Loss of sense of humor |
| <input type="checkbox"/> Lack of creativity       | <input type="checkbox"/> Thoughts of running away |   |

## Spiritual Symptoms:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Emptiness       | <input type="checkbox"/> Unforgiving          | <input type="checkbox"/> Loss of Direction | <input type="checkbox"/> Need to prove self |
| <input type="checkbox"/> Loss of meaning | <input type="checkbox"/> Being a victim       | <input type="checkbox"/> Negative thoughts |   |
| <input type="checkbox"/> Doubt           | <input type="checkbox"/> Looking for miracles | <input type="checkbox"/> Not caring        |   |

## Relational Symptoms:

- |  |                                     |  |  |
|--|-------------------------------------|--|--|
| <input type="checkbox"/> Isolation     | <input type="checkbox"/> Loneliness | <input type="checkbox"/> Lowered sex drive | <input type="checkbox"/> Using people                |
| <input type="checkbox"/> Narrow-minded | <input type="checkbox"/> Distrust   | <input type="checkbox"/> Nagging           | <input type="checkbox"/> Fewer contacts with friends |
| <input type="checkbox"/> Resentment    | <input type="checkbox"/> Hiding     | <input type="checkbox"/> Lack of intimacy  | <input type="checkbox"/> Lashing out                 |
|  |                                     |  | <input type="checkbox"/> Clamming up                 |

# Week 5 Activities: Stressful Communications Calendar

During the week, be aware of one difficult or stressful communication each day **while it is happening**.  
At a later time, record here the details of your experience

|  | Date/Day<br>_____ | Date/Day<br>_____ | Date/Day<br>_____ | Date/Day<br>_____ | Date/Day<br>_____ |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|
| Describe the communication.<br>With whom?<br>Subject?                                |                   |                   |                   |                   |                   |
| How did the difficulty come about?   |                   |                   |                   |                   |                   |
| What did you really want from the person or situation?<br>What did you actually get? |                   |                   |                   |                   |                   |
| What did the other person(s) want?<br>What did they actually get?                    |                   |                   |                   |                   |                   |
| How did you feel during and after this time?   |                   |                   |                   |                   |                   |
| Has the issue been resolved? How might it be?  |                   |                   |                   |                   |                   |

# Week 6 Activities: Challenging our Thoughts

## **SITUATION**

Describe event surrounding the unpleasant emotion (just the facts)

## **EMOTIONS**

Describe the emotion you felt (angry, sad, anxious, lonely, etc)

## **AUTOMATIC THOUGHTS**

What thoughts came before the negative emotion?

## **LIMITS OF THOUGHT**

Were these thoughts accurate?

## **ALTERNATE RESPONSE**

How could you think or behave differently in this situation?

## **OUTCOME**

How would you feel if you had thought the alternate response?