

STRESSFUL EVENTS

Name _____

What was the experience?	Did anything help or hinder your mindfulness in this experience?	How did your body feel, in detail, during the experience?	What feelings and thoughts accompanied this event?	Did you want to do anything to change the experience? How did you handle this?
Day: SUDS (0-10):				
Day SUDS (0-10):				
Day SUDS (0-10):				
Day SUDS (0-10):				