 ***Unpleasant Events Calendar***

Be aware of an unpleasant event *at the time it is happening*. Use the following questions to focus your awareness on the details of the experience as it is happening. Take time to write it down later.

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| **What was the experience?** | **Were you aware of the unpleasant feelings *while* 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 now as you write this down?** |
| Waiting in for a delivery. | Yes | Head throbbing, tight neck and shoulders. Can’t keep still | Angry, helpless “Is this what they mean by service?” | I really hated going through all that. |
| Friday |  |  |  |  |
| Saturday |  |  |  |  |
| Sunday |  |  |  |  |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |