Living in Full Experience – The LIFE Form A Life Enhancement Exercise

A Lije Ennancement Exercise		
Date:/	Time:	AM/PM
Check off any sensations you experienced just now: Dizziness Breathlessness Fast heart beat Unreality Sweatiness Chest tightness/pain Feeling of choking Neck/muscle tension Detached from self	□ Blurred vision□ Hot/cold flashes□ Nausea	
Check what emotion best describes your experience of these sensa		
Now rate how strongly you felt this emotion/feeling (circle numbe	r):	
0 1 2 3 5 6 7 8 Mild/Weak Moderate Extreme	ely Intense	
Now rate how willing you were to have these sensations/feelings v (e.g., to manage them, get rid of them, suppress them):	vithout acting on the	m
0 2 3 4 5 6 7 8 Extremely Willing Moderate Co Describe where you were when these sensations occurred:	ompletely Unwilling	
Describe what were you doing when these sensations occurred:		
Describe what your mind was telling you about the sensations/feel	ings:	
Describe what you did (if anything) about the sensations/feelings:		
If you did anything about the sensations/feeling, did it get in the w value or care about? If so, describe what that was here:		