

# DISTRESS TOLERANCE WORKSHEET 6A

(Distress Tolerance Handout 8)

## Self-Soothing

Due Date: \_\_\_\_\_ Name: \_\_\_\_\_ Week Starting: \_\_\_\_\_

Practice each self-soothing skill twice, and describe your experience as follows:

When did you practice this skill, and what did you do to practice?	What was going on that was painful or stressful (if anything)?	How much time passed in doing this skill?	Rate before/after skill use			
			Distress tolerance (0 = I can't stand it; 5 = I can definitely survive)	Emotion		Conclusions or questions about this skills practice
				Negative emotion intensity (0–100)	Positive emotion intensity (0–100)	
Vision:			/	/	/	
			/	/	/	
Hearing:			/	/	/	
			/	/	/	
Smell:			/	/	/	
			/	/	/	
Taste:			/	/	/	
			/	/	/	
Touch:			/	/	/	
			/	/	/	

Adapted from an unpublished worksheet by Seth Axelrod, with his permission.

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