

# DISTRESS TOLERANCE WORKSHEET 6B

(Distress Tolerance Handout 8)

## Self-Soothing

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

For each self-soothing skill, write down what you did during the week, and write down a number to indicate how effective the skill was in helping you tolerate the distress and cope with the situation (keeping you from doing something to make the situation worse). Use the following scale:

*I still couldn't stand  
the situation, even  
for one more minute.*

1

2

*I was able to cope somewhat,  
at least for a little while.  
It helped somewhat.*

3

*I could use skills,  
tolerated distress, and  
resisted problem urges.*

4

5

Day:

### VISION

\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_

Day:

### HEARING

\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_

Day:

### SMELL

\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_

Day:

### TASTE

\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_

Day:

### TOUCH

\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_ Effectiveness: \_\_\_\_\_