

## Schedule of Recent Experience

**Instructions:** Think about each possible life event listed below and decide how many times, if at all, each has happened to you within the last year. Write that number (from 0 to 4) in the Number of Times column. (Note that if an event happened more than four times, you would still give it a 4 in that column.)

Event	Number of Times (0–4)	x	Mean Value	=	Your Score
1. A lot more or a lot less trouble with the boss.		x	23	=	
2. A major change in sleeping habits (sleeping a lot more or a lot less or a change in time of day when you sleep).		x	16	=	
3. A major change in eating habits (eating a lot more or a lot less or very different meal hours or surroundings).		x	15	=	
4. A revision of personal habits (dress, manners, associations, and so on).		x	24	=	
5. A major change in your usual type or amount of recreation.		x	19	=	
6. A major change in your social activities (e.g., clubs, dancing, movies, visiting, and so on).		x	18	=	
7. A major change in religious activities (attending services a lot more or a lot less than usual).		x	19	=	
8. A major change in the number of family get-togethers (a lot more or a lot fewer than usual).		x	15	=	
9. A major change in your financial state (a lot worse off or a lot better off).		x	38	=	
10. Trouble with in-laws.		x	29	=	

11. A major change in the number of arguments with your spouse (a lot more or a lot fewer than usual regarding child rearing, personal habits, and so on).		x	35	=	
12. Sexual difficulties.		x	39	=	
13. Major personal injury or illness.		x	53	=	
14. Death of a close family member (other than spouse).		x	63	=	
15. Death of spouse.		x	100	=	
16. Death of a close friend.		x	37	=	
17. Gaining a new family member (through birth, adoption, oldster moving in, and so on).		x	39	=	
18. Major change in the health or behavior of a family.		x	44	=	
19. Change in residence.		x	20	=	
20. Detention in jail or other institution.		x	63	=	
21. Minor violations of the law (traffic tickets, jaywalking, disturbing the peace, and so on).		x	11	=	
22. Major business readjustment (merger, reorganization, bankruptcy, and so on).		x	39	=	
23. Marriage.		x	50	=	
24. Divorce.		x	73	=	
25. Marital separation from spouse.		x	65	=	
26. Outstanding personal achievement.		x	28	=	
27. Son or daughter leaving home (marriage, attending college, and so on).		x	29	=	

28. Retirement from work.		x	45	=	
29. Major change in working hours or conditions.		x	20	=	
30. Major change in responsibilities at work (promotion, demotion, lateral transfer).		x	29	=	
31. Being fired from work.		x	47	=	
32. Major change in living conditions (building a new home or remodeling, deterioration of home or neighborhood).		x	25	=	
33. Spouse beginning or ceasing to work outside the home.		x	26	=	
34. Taking out a mortgage or loan for a major purchase (purchasing a home or business and so on).		x	31	=	
35. Taking out a loan for a lesser purchase (a car, TV, freezer, and so on).		x	17	=	
36. Foreclosure on a mortgage or loan.		x	30	=	
37. Vacation.		x	13	=	
38. Changing to a new school.		x	20	=	
39. Changing to a different line of work.		x	36	=	
40. Beginning or ceasing formal schooling.		x	26	=	
41. Marital reconciliation with mate.		x	45	=	
42. Pregnancy.		x	40	=	
<i>Your total score</i>					

**Scoring:**

- Multiply the mean value by the number of times an event happened, and enter the result in the Your Score column for each event.
- Add up your scores to get your total score and enter it at the bottom of the schedule.
- For accurate scoring, remember that 4 is the highest number that can be used in the Number of Times column.

According to Dr. Holmes and his associates, the higher your total score, the greater your risk of developing stress-related symptoms or illnesses. Of those with a score of over 300 for the past year, almost 80 percent will get sick in the near future; of those with a score of 200 to 299, about 50 percent will get sick in the near future; and of those with a score of 150 to 199, only about 30 percent will get sick in the near future. A score of less than 150 indicates that you have a low chance of becoming ill. So, the higher your score, the harder you should work to stay well.

Because people vary in their perception of a given life event as well as in their ability to adapt to change, we recommend that you use this standardized test only as a rough predictor of your increased risk.

Stress can be cumulative. Events from two years ago may still be affecting you now. If you think that past events may be a factor for you, repeat this test for the events of the preceding year and compare your scores.

## Stress-Awareness Diary

Date: \_\_\_\_\_ Day of the week: \_\_\_\_\_

Time	Stressful Event	Symptom

## Record of General Tension

Rate yourself on this 10-point scale before and after you do your body-scan relaxation exercises.

1 totally relaxed, no tension	2 very relaxed	3 moderately relaxed	4 fairly relaxed	5 slightly relaxed
6 slightly tense	7 fairly tense	8 moderately tense	9 very tense	10 extremely tense

Week of _____	Exercise	Before session	After session	Comments
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

## Autogenic Verbal Formulas for Normalizing the Body

### Set 1

*My right arm is heavy.*  
*My left arm is heavy.*  
*Both of my arms are heavy.*  
*My right leg is heavy.*  
*My left leg is heavy.*  
*Both of my legs are heavy.*  
*My arms and legs are heavy.*

### Set 2

*My right arm is warm.*  
*My left arm is warm.*  
*Both of my arms are warm.*  
*My right leg is warm.*  
*Both of my legs are warm.*  
*My arms and legs are warm.*

### Set 3

*My right arm is heavy and warm.*  
*Both of my arms are heavy and warm.*  
*Both of my legs are heavy and warm.*  
*My arms and legs are heavy and warm.*  
*It breathes me.*  
*My heartbeat is calm and regular.*

### Set 4

*My right arm is heavy and warm.*  
*My arms and legs are heavy and warm.*  
*It breathes me.*  
*My heartbeat is calm and regular.*  
*My solar plexus is warm.*

### Set 5

*My right arm is heavy and warm.*  
*My arms and legs are heavy and warm.*  
*It breathes me.*  
*My heartbeat is calm and regular.*  
*My solar plexus is warm.*  
*My arms and legs are warm.*  
*My forehead is cool.*

## Homework Sheet

A. Activating event: \_\_\_\_\_

\_\_\_\_\_

B. Rational ideas: \_\_\_\_\_

\_\_\_\_\_

Irrational ideas: \_\_\_\_\_

\_\_\_\_\_

C. Consequences of the irrational ideas: \_\_\_\_\_

\_\_\_\_\_

D. Disputing and challenging the irrational ideas:

1. Select the irrational idea: \_\_\_\_\_

\_\_\_\_\_

2. Is there any rational support for this idea? \_\_\_\_\_

3. What evidence exists for the falseness of the idea? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Does any evidence exist for the truth of the idea? \_\_\_\_\_

\_\_\_\_\_

5. What is the worst thing that could happen to me? \_\_\_\_\_

\_\_\_\_\_



6. What good things might occur? \_\_\_\_\_  
\_\_\_\_\_

E. **Alternative thoughts:** \_\_\_\_\_  
\_\_\_\_\_

**Alternative emotions:** \_\_\_\_\_  
\_\_\_\_\_

# Anxious Episode Record

Date: \_\_\_\_\_ Length of episode: \_\_\_\_\_

## Anxiety Severity Scale

Put an X at the point on this scale that best describes your maximum level of anxiety during this episode:

0	1	2	3	4	5	6	7	8	9	10
None		Mild		Moderate			Strong			Extreme

## Triggering events:

## Worries:

**Underline and/or fill in physical symptoms:** muscle tension, sleep difficulties, difficulty concentrating, mind going blank, irritability, fatigue, restlessness, feeling keyed up or on edge. Other:

## Safety behaviors:

# Problem-Solving Worksheet

Choose a situation that is really worrying you, and apply this problem-solving technique:

1. Write down the situation that is really worrying you.
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2. Brainstorm for solutions. Make a list of possible things you can do to improve or correct the situation.
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3. Evaluate each idea. Which ones are not possible? Put an X next to those. Which ones would be difficult to implement? Put a question mark next to those. Which ones could you do right now? Put a Y next to those.


4. Set specific dates. Make a contract with yourself to do all the Y items.

- By \_\_\_\_\_ (date), I will \_\_\_\_\_.
- By \_\_\_\_\_ (date), I will \_\_\_\_\_.
- By \_\_\_\_\_ (date), I will \_\_\_\_\_.
- By \_\_\_\_\_ (date), I will \_\_\_\_\_.

5. When you have completed the Y items, go on to the more difficult items. Make a contract with yourself to do those as well.

- By \_\_\_\_\_ (date), I will \_\_\_\_\_.
- By \_\_\_\_\_ (date), I will \_\_\_\_\_.
- By \_\_\_\_\_ (date), I will \_\_\_\_\_.
- By \_\_\_\_\_ (date), I will \_\_\_\_\_.

6. Now, maybe some of the X items don't look so hard. If there are any that you think you could manage, make a contract with yourself to take that action.

- By \_\_\_\_\_ (date), I will \_\_\_\_\_.
- By \_\_\_\_\_ (date), I will \_\_\_\_\_.
- By \_\_\_\_\_ (date), I will \_\_\_\_\_.
- By \_\_\_\_\_ (date), I will \_\_\_\_\_.

## Fear and Avoidance Assessment Form

1. What do you avoid or endure with distress?

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2. What do you believe is the worst outcome that you expect could happen if you faced your fear situation?

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3. What are examples of situations you avoid or endure with distress because of this fearful expectation?

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4. What are examples of what you do to minimize your fear?

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Fill in your answers to the following three questions on the chart that follows.

5. What would you like to do, experience, or accomplish if you didn't have this fearful expectation?
6. On a scale of 1 to 5, with 1 meaning "not at all" and 5 meaning "extremely," how much do you value each of these experiences?
7. On a scale of 1 to 100, how distressing do you feel it will be to experience your feared situations, with 1 being "not at all" and 100 being "extremely distressing"?

5. Things you would like to do, experience or accomplish	6. Value	7. Distress level

8. In reviewing you answers to these questions, what have you learned?

9. Are you willing to use this exposure program to stop avoiding and face your fear as you test your catastrophic expectations?

## Exposure Exercise Planning Form

Choose a feared situation you avoid or endure with distress:

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Value (1–5): \_\_\_\_\_ Distress level (0–100): \_\_\_\_\_

Safety behaviors:

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Catastrophic expectation of outcome:

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Likelihood of your catastrophic expectation of outcome occurring: \_\_\_\_\_ percent

Your exposure exercise plan:

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## Exposure Exercise Debriefing Form

Did what you were most worried about happen? No ( ) Yes ( )

How do you know? List specific evidence telling you that your feared outcome did or didn't occur.

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What did you learn from doing this exposure exercise?

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How likely (percent probability) do you feel your catastrophic expectation will occur the next time you are in this feared situation? \_\_\_\_\_

On a scale of 1 to 100, how intense was your distress about this feared situation before and after the exposure exercise?

Before: \_\_\_\_\_ After: \_\_\_\_\_

What do you need to learn now?

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## Coping Thoughts Worksheet

1. Trigger thoughts that inflame my anger:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
2. Anger distortions that underlie my trigger thoughts:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
3. Counterresponse plan for each of my trigger thoughts (for example, looking for exceptions; alternative explanations; preferences, not shoulds; and so on). Revised trigger thought based on each counterresponse plan.
  - a. Counterresponse plan: \_\_\_\_\_  
\_\_\_\_\_  
  
Revised trigger thought: \_\_\_\_\_  
\_\_\_\_\_
  - b. Counterresponse plan: \_\_\_\_\_  
\_\_\_\_\_  
  
Revised trigger thought: \_\_\_\_\_  
\_\_\_\_\_

c. Counterresponse plan: \_\_\_\_\_  
\_\_\_\_\_

Revised trigger thought: \_\_\_\_\_  
\_\_\_\_\_

4. Helpful coping thoughts (see Generalized Coping Thoughts List earlier in this chapter):

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

Developed by McKay and Rogers (2000).

## Anger Coping Plan Worksheet

Precipitating event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anger-triggering thoughts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anger distortions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Coping thoughts/revised distortions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relaxation strategy (Check for body tension? Cue-controlled breath? Diaphragmatic breath?):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Coping behavior (Count to ten? Excuse yourself from the situation? Suggest a compromise?  
Validate both points of view?):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Your Time Log

Activity	Time
<i>Waking through lunch</i>	
<i>After lunch through dinner</i>	
<i>After dinner until sleep</i>	

## Script for Change

**Arrange a time and a place to discuss the situation (if appropriate):**

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**Define the problem specifically:**

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**Describe your feelings using “I-messages”:**

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**Express your request simply and firmly:**

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**Reinforce the other person to give you what you want (if you like):**

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## Daily Food Diary

Meal	Food	Amount	Food Group Servings	Setting	Feelings
Breakfast					
Snack					
Lunch					
Snack					
Dinner					
Snack					

## Diary of Opportunities to Exercise

Time	Opportunity to Exercise	Reasons for and Against Exercising

## Exercise Diary

Week of \_\_\_\_\_

Target heart rate: \_\_\_\_\_

Friendly reminder: Warm up and cool down.

Day	Activity	Location	Distance or Duration	Comments, Thoughts, Feelings
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				