

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:

	What was going on that was painful or stressful (if anything)?	How much time passed in doing this skill?	Rate before/after skill use			Conclusions or questions about this skills practice
			Distress tolerance (0 = I can't stand it; 5 = I can definitely survive)	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Adapted from an unpublished worksheet by Seth Axelrod, with his permission.

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