

## Reality Acceptance Skills

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

For each reality acceptance skill, describe the skill you used during the week, and circle a number (0–5) indicating your own experience of acceptance of yourself, your life, or events outside yourself. Use the following scale:

*No acceptance; I am  
in complete denial  
and/or rebellion*

1

2

*I was able to  
accept somewhat or  
for a little while.*

3

4

*Complete  
acceptance; I am at  
peace with this.*

5

**Day: RADICAL ACCEPTANCE** (describe what and how often you practiced)

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

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

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

**Day: TURNING THE MIND** (describe the cross-road you were at, and what you chose)

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

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

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

**Day: WILLINGNESS** (describe the situation, what you were willful about, and how you practiced)

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

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

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

**Day: HALF-SMILING** (describe the situation and how you practiced)

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

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

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

**Day: WILLING HANDS** (describe the situation and how you practiced)

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

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

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

**Day: MINDFULNESS OF CURRENT THOUGHTS** (describe what thoughts were going through your mind and *how* you observed your thoughts)

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

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

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