

WORKSHEET: UNDERSTANDING AN EPISODE OF RUMINATION

Your name: _____

****Remember to maintain an attitude of friendly curiosity****

| Day and time | Triggering event | Ruminative thoughts | Emotions | After-effects & consequences |
|---------------------|-------------------------|----------------------------|-----------------|---|
| | | | | |

WORKSHEET: UNDERSTANDING YOUR PATTERNS OF AVOIDANCE

YOUR NAME _____

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| Day and time | Event or situation | Avoidance behaviour: What did you say or do? | What were you avoiding? (Thoughts, feelings, urges, people, places, activities) | Short-term benefits of avoidance | Long-term harm of avoidance |
|---------------------|---------------------------|---|--|---|------------------------------------|
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WORKSHEET: UNDERSTANDING AN EMOTIONAL EXPERIENCE

Your name: _____

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|---|--|
| Day and time: When did this happen? | |
| Describe the situation: What happened that triggered your emotion? | |
| What emotions did you feel? (underline the strongest) | |
| Intensity of the strongest emotion: (1-10) | |
| What thoughts or images were going through your mind? | |
| What sensations did you notice in your body? | |
| What did you feel like saying or doing (urges)? | |
| What did you say or do (behaviour)? | |
| Secondary emotions: | |

WORKSHEET: UNDERSTANDING SELF-CRITICISM

Your name: _____

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| Day and time | Triggering event: What started the self-criticism? | What self-critical thoughts were in your mind? | After-effects and consequences | What would you say to a friend in this situation? |
|---------------------|---|---|---------------------------------------|--|
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WORKSHEET: DESCRIBING YOUR VALUES

| In this domain | I value |
|---------------------------|---------|
| Spouse, partner | |
| Parenting | |
| Other family | |
| Friends | |
| Work | |
| Education, Training | |
| Household management | |
| Community | |
| Personal wellbeing | |
| Personal growth | |
| Recreation, Leisure | |
| Spirituality | |
| Appreciation of beauty | |
| Other | |

WORKSHEET: RATING YOUR VALUES AND BEHAVIOUR

Your name: _____

Use the scale from 1–10 below to rate your values and behaviour:

IMPORTANCE: How important is this domain at this point in your life?

1: not at all important 5: moderately important 10: extremely important

ACTION: How active have you been with this domain in the last few weeks?

1: not at all active 5: moderately active 10: extremely active

SATISFACTION WITH ACTION: How satisfied are you with your recent action in this area?

1: not at all satisfied 5: moderately satisfied 10: extremely satisfied

| Domain | Importance (1–10) | Action (1–10) | Satisfaction with Action (1–10) | Notes |
|----------------|----------------------|------------------|---------------------------------------|-------|
| Spouse/partner | | | | |
| Parenting | | | | |
| Other family | | | | |
| Friends | | | | |

| | | | | |
|---------------------------|--|--|--|--|
| Work | | | | |
| Education, Training | | | | |
| Household Management | | | | |
| Community Involvement | | | | |
| Personal wellbeing | | | | |
| Personal growth | | | | |
| Recreation, Leisure | | | | |
| Spirituality | | | | |
| Appreciation of beauty | | | | |
| Other | | | | |

WORKSHEET: RESTATING JUDGEMENTS AS MINDFUL LABELS

Your name: _____

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| Day and time | What was the situation? | What thoughts, emotions, sensations or urges did you notice? | What was your judgemental thought? | Restate your judgement as a mindful label in 3 different ways. |
|---------------------|--------------------------------|---|---|---|
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WORKSHEET: AWARENESS OF MULTI-TASKING

Your name: _____

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| Day & time | What two or more things were you doing at the same time? | Pleasantness rating from 1–5 (1: very unpleasant – 5: very pleasant) | Advantages | Disadvantages |
|-----------------------|---|---|-------------------|----------------------|
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WORKSHEET: ACCEPTANCE AND WILLINGNESS

Your name: _____

****Remember to maintain an attitude of friendly curiosity****

| Day & time | In the service of these values and goals: | I practised mindful acceptance of these thoughts and feelings: | Willingness to do these behaviours or activities: |
|-----------------------|--|---|--|
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WORKSHEET: SELF-VALIDATION

Your name: _____

| Day & time | What was the situation? | What did you say to validate your experience? | Did it help? If so, how? |
|-----------------------|--------------------------------|--|---------------------------------|
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