

Living in Full Experience—the LIFE Form

A Life Enhancement Exercise. Fill in as soon as you can after a wave of sensations.

Date: ____ / ____ / ____

Time: _____ A.M./P.M.

Check off any sensations you experienced just now:

(list reconstructed; the original form's items did not survive its export)

- | | | | |
|---|--|---|--|
| ☐ Racing or pounding heart | ☐ Shortness of breath | ☐ Chest tightness or pain | ☐ Dizziness or light-headedness |
| ☐ Trembling or shaking | ☐ Sweating | ☐ Nausea or stomach distress | ☐ Numbness or tingling |
| ☐ Hot flushes or chills | ☐ Choking or lump in throat | ☐ Feeling unreal or detached | ☐ Muscle tension |
| ☐ Restlessness | ☐ Other | | |

Check what emotion best describes your experience of these sensations (pick one):

- | | | | | |
|--------------------------------|----------------------------------|--------------------------------|----------------------------------|----------------------------------|
| ☐ Fear | ☐ Anxiety | ☐ Panic | ☐ Worry | ☐ Sadness |
| ☐ Anger | ☐ Shame | ☐ Guilt | ☐ Disgust | ☐ Other |

Now rate how strongly you felt this emotion/feeling (circle number):

- | | | | | | | | | |
|-----------|-----|-----|-----|----------|-----|-----|-----|-------------------|
| (0) | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| Mild/Weak | | | | Moderate | | | | Extremely Intense |

Now rate how willing you were to have these sensations/feelings without acting on them (e.g., to manage them, get rid of them, suppress them, run from them):

- | | | | | | | | | |
|-------------------|-----|-----|-----|----------|-----|-----|-----|----------------------|
| (0) | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| Extremely Willing | | | | Moderate | | | | Completely Unwilling |

Describe where you were when these sensations occurred:

Describe what you were doing when these sensations occurred:

Describe what your mind was telling you about the sensations/feelings:

Describe what you did (if anything) about the sensations/feelings:

If you did anything about the sensations or feelings, did it get in the way of anything you really value or care about? If so, describe what that was here:

Why the willingness rating matters (addition). The form is not asking you to feel less. It is asking whether you could have the feeling and still do what mattered. Over weeks, the number to watch is the willingness rating, not the intensity rating.