DAILY ACT RATINGS

Life Enhancement Exercise Record Form

At the end of each day, please make a rating for each of the following four questions using the scale below. Ratings for each question can range from 0 (not at all) to 10 (extreme amount):

0 1 2 3 4 5 6 7 8 9 10
None / Not at all Extreme amount

Suffering: How upset and distressed over anxiety were you today overall? _____

Struggle: How much effort did you put into making anxiety-related feelings or thoughts go away today (for example, by suppressing them; distracting yourself; reassuring yourself or seeking reassurance from someone else)? _____

Workability: If life in general were like today, to what degree would today be part of a vital, workable way of living for you? _____

Valued Action: How much have you engaged in behaviors (actions) today that accord with your values and life goals? _____

Day	**Suffering 0–10**	**Struggle 0–10**	**Workability 0–10**	**Valued Action 0–10**
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

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