



## ■■■■ Practice Acceptance Worksheet

### Practice Acceptance Check-In

Rate each of the following from 0 (not at all) to 10 (extreme):

1. How much anxiety and overall emotional distress do you feel about having intrusive thoughts? \_\_\_\_\_
2. How often do you avoid aspects of your life to avoid intrusive thoughts? \_\_\_\_\_
3. How much energy do you spend daily trying to get rid of intrusive thoughts? \_\_\_\_\_

**Total Score:** \_\_\_\_\_

#### What it means:

- 0–14: Mild interference with life
- 15–21: Moderate interference
- 22–30: Severe interference

This isn't a test—it's just a snapshot. The goal isn't perfection. It's progress.

### Body Scan of Discomfort

1. Next time you experience an intrusive thought, do a body scan. What sensations do you notice?
2. Now think of a recent moment of physical discomfort (stubbed toe, tension headache, paper cut). What sensations did you notice then?
3. Compare and contrast: How are the two experiences similar? How are they different?

#### Journal Space:

- Intrusive thought body sensations:
- Physical discomfort body sensations:
- Takeaways:

### Discomfort vs. Danger Tracker

Situation	Uncomfortable? (0–10)	Anxiety? (0–10)	Actual Danger? (0–10)
Stubbed toe			
Mosquito bite			
Intrusive thought #1			

Intrusive thought #2			
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**Reflection Questions:**

- Are your intrusive thoughts more uncomfortable—or do they just *feel* more dangerous?
- What might change if you viewed them more like physical discomfort?