

Practice Acceptance Worksheet

Part 1: 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: _____

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

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

Part 2: Body Scan of Discomfort

Next time you experience an intrusive thought, do a body scan. *What sensations do you notice?*

Now think of a recent moment of physical discomfort (e.g. stubbed toe, tension headache, paper cut). *What sensations did you notice then?*

Compare and contrast. *How are the two experiences similar? How are they different?*

Takeaways:

Break Free from Intrusive Thoughts



Part 3: 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			
Intrusive thought #3			

Reflection Questions:

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