**Pleasant Experience Calendar**

**Be aware of the experience as it happens**

**Focus your attention by use of these questions:**

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| **DAY** | **EXPERIENCE** | **HOW DID YOUR BODY FEEL?** | **WHAT THOUGHTS AND FEELINGS?** |
|  | **e.g Noticing a bird singing** | **Suddenly relaxed and light** | **Pleasure, what a lovely sound.** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |