

## MINDFULNESS WORKSHEET 2B (Mindfulness Handouts 2–5c)

### Mindfulness Core Skills Practice

Due Date: \_\_\_\_\_ Name: \_\_\_\_\_ Week Starting: \_\_\_\_\_

Practice each mindfulness skill twice, and describe your experience as follows:

When did you practice this skill, and what did you do to practice?	What was going on that prompted practicing mindfulness (if anything)?	How much time passed when you were doing this skill?	Rate before/after skill use		Conclusions or questions about this skills practice
			Degree of focusing my mind (0–100)	Degree of being centered in Wise Mind (0–100)	
Wise Mind:			/	/	
			/	/	
Observe:			/	/	
			/	/	
Describe:			/	/	
			/	/	
Participate:			/	/	
			/	/	
Nonjudgmentally:			/	/	
			/	/	
One-mindfully:			/	/	
			/	/	
Effectively:			/	/	
			/	/	

List any and all wise things you did this week: \_\_\_\_\_

*Note.* Adapted from an unpublished worksheet by Seth Axelrod, with his permission.

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## Mindfulness Core Skills Calendar

Due Date: \_\_\_\_\_ Name: \_\_\_\_\_ Week Starting: \_\_\_\_\_

**Check off skills to practice this week:**

\_\_\_ Wise Mind \_\_\_ Observing \_\_\_ Describing \_\_\_ Participating \_\_\_ Nonjudgmentally \_\_\_ One-mindedly \_\_\_ Effectively

While you are practicing skills, stay as aware and mindful as you can. Write it down later.

Name(s) of skill(s)	How did you practice the skill?	Describe your experience, including body sensations, emotions, and thoughts while practicing the skill	What is your experience now, after using the skill?
<b>Example:</b> <i>Participating</i>	<i>I went to a party and joined in conversations with other people.</i>	<i>I felt a tight knot in my stomach, shallow breathing, dry mouth, anxiety that other people would not like me; later I enjoyed the conversation, smiled, noticed other people around me, and ended up having a good time.</i>	<i>I feel amazed that I managed to do this and felt good about myself. I am thinking I may be able to do this again.</i>
<b>Monday:</b>			
<b>Tuesday:</b>			
<b>Wednesday:</b>			

**(continued on next page)**

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Name(s) of skill(s)	How did you practice the skill?	Describe your experience, including body sensations, emotions, and thoughts while practicing the skill	What is your experience now, after using the skill?
Thursday:			
Friday:			
Saturday:			
Sunday:			

List any and all wise things you did this week: \_\_\_\_\_