

Accountability Sheet

Name _____ Date _____

Day of Week	Anger 0-5*	Sadness 0-5*	Avoidance 0-5*	Anxiety 0-5*
	-	-	-	-
	-	-	-	-
	-	-	-	-
	-	-	-	-
	-	-	-	-
	-	-	-	-
	-	-	-	-

Rate 0-5 for your degree of unease (-) and code 0-7 for skills used

*Used Skills

- 0= Not thought about or used
- 1= Thought about, not used, didn't want to
- 2= Thought about, not used, wanted to
- 3= Tried but couldn't use them
- 4= Tried, could do them but they didn't help
- 5= Tried, could use them, helped
- 6= Didn't try, used them, didn't help
- 7= Didn't try, used them, helped



Check The Skill and Day(s) Practiced

	Mon	Tues	Wed	Thu	Fri	Sat	Sun

