

## **Experience Tracking Sheet (Client takes sheet home, and brings to each session)**

Client: Week Beginning:							
Examples of experiences that could be flooding, panic attacks, self-injury, sub				tive epis	odes, em	otional	
Experience	Sun	Mon	Tue	Wed	Thur	Fri	Sat
Example: Anger outbursts							
Frequency (per day)	0	0	1	0	1	1	0
Duration (in minutes)			10		25	5	
Intensity (0-10)			6		3	9	
Experience	Sun	Mon	Tue	Wed	Thur	Fri	Sat
1.							
Frequency (per day)							
Duration (in minutes)							
Intensity (0-10)							
Notes for Experience 1:							
Experience	Sun	Mon	Tue	Wed	Thur	Fri	Sat
2.							
Frequency (per day)							
Duration (in minutes)							
Intensity (0-10)							
Notes for Experience 2:							
Experience	Sun	Mon	Tue	Wed	Thur	Fri	Sat
3.	1						
Frequency (per day)							

Notes for Experience 3:

Duration (in minutes)
Intensity (0-10)