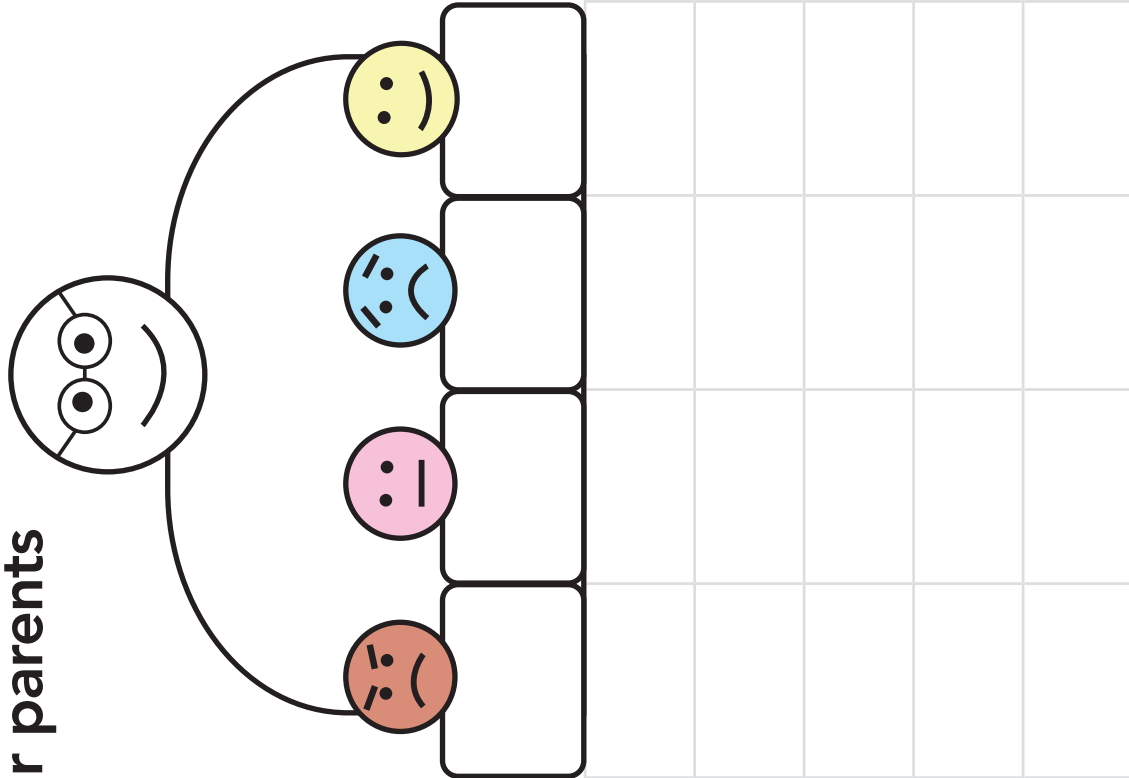


Self-observing of modes and parts for parents



Parts and modes

Situations

Mode - Properties of Parents

Mode:

Please note what kind of thoughts, feelings and body sensations you had when your above mentioned mode was leading. Which behavior resulted, what was the effect?

Date	Time	Thought	Feeling	Body sensation	Behavior	Effect
e.g. 1.1.2011	11:10h	"I am bad, what I did was stupid and embarrassing?"	Guilt/Shame	Stomachache	TV all day	Not helpful

Modes of Parents: Weekly Schedule

Week: vom ____ bis ____.

Please write down for every hour of the week, in which mood or emotional state you have been. Use the worksheet "Mode-Assembly" for an overview.

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6:00 am							
7:00 am.							
8:00 am							
9:00 am							
10:00 am							
11:00 am							
12:00 am							
1:00 pm							
2:00 pm							
3:00 pm							
4:00 pm							
5:00 pm							
6:00 pm							
700 pm							
8:00 pm							
9:00 pm							
10:00 pm							

Plan of Exercise (training check list) – for Parents

Please write down what exactly you intend to train:

I will try to exercise above mentioned exercise how many time a day or week? x day/week (please underline). Put a mark/ bar/star or the like into the right field of the day.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1st week	Date:	Date:	Date:	Date:	Date:	Date:	Date:
2nd week	Date:	Date:	Date:	Date:	Date:	Date:	Date:
3rd week	Date:	Date:	Date:	Date:	Date:	Date:	Date:
4th week	Date:	Date:	Date:	Date:	Date:	Date:	Date:
5th week	Date:	Date:	Date:	Date:	Date:	Date:	Date: