**MOONLIGHT SERENADE: *EMBRACING AGING MINDFULLY***

**WEEK 5 - UNPLEASANT EVENTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What was the experience?** | **What physical sensations (if any) did you notice in your body during this experience?** | **What thoughts** **(if any) did you have during this experience?** | **What emotions** **(if any) accompanied this event?** | **What made this an unpleasant event?** |
| **MONDAY** |  |  |  |  |
| **TUESDAY** |  |  |  |  |
| **WEDNESDAY** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **What was the experience?** | **What physical sensations (if any) did you notice in your body during this experience?** | **What thoughts** **(if any) did you have during this experience?** | **What emotions****(if any) accompanied this event?** | **What made this an unpleasant event?** |
| **THURSDAY** |  |  |  |  |
| **FRIDAY** |  |  |  |  |
| **SATURDAY** |  |  |  |  |
| **SUNDAY** |  |  |  |  |