## working with imagery: assessment

name: date:

This form is probably best filled in by client & therapist together. It can be helpful when trying to understand and treat many distressing conditions including depression, various forms of anxiety, phobias, insomnia, eating disorders, pain problems, anger, OCD, and PTSD.

- 1.) choose a particular situation when were badly troubled by the symptoms you want help with (it may be best if this is a relatively recent episode); describe the "outer" details when it occurred, where you were, what you were doing, who else was there, and what in particular seemed to trigger off your feelings?
- **2.)** describe the "inner" details the physical sensations, body posture, facial expression, emotions and thoughts that occurred while the episode was at its worst.
- **3.)** were there any associated images (picture thoughts) that went through your mind? which images felt most powerful or emotionally intense?
- **4.)** how frequently do you get these images several times each hour, several times each day, several times each week, less than this, maybe only in certain situations?
- bow much do these images interfere with your normal activities (estimate on a scale where 0 = not at all, up to 100 = very severely)?
- **6.)** with eyes open or closed, please bring the images to mind while answering these questions. do the images seem to link to the past, the present or the future (give more details)?

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