

**Movie Technique Form**

Name:

Date:

Phone:

Email:

The goal of the “Movie Technique” is to target specific events and the validity of limiting beliefs which became a turning point in your life.

Please make sure that you only fill this out if it feels safe to you. If you feel that doing this exercise might make you too upset, then don’t do it.

The topics on this list are only suggestions. Please feel free to replace the emotions or events with incidents that work best for you. Thank You!

**Please feel free to modify the following questions according to your needs.**

**“Movie Title” means, if you were playing/watching what happened in front of you inner eye, as if it was a movie, what would the title be? Just create something, that is short, but meaningful to you.**

**On a scale of 0-10, (0 = Not there at all – 10= extremely strong)**

1.) A specific event that made me feel angry:

Movie title:

Intensity now Rating: 0 1 2 3 4 5 6 7 8 9 10

2.) A specific event that made me feel sad:

Movie title:

Intensity now Rating: 0 1 2 3 4 5 6 7 8 9 10

3.) A specific event that made me feel frustrated:

Movie title:

Intensity now Rating: 0 1 2 3 4 5 6 7 8 9 10

4.) A specific event that made me scared:

Movie title:

Intensity now Rating: 0 1 2 3 4 5 6 7 8 9 10

5.) A specific event that made me feel misunderstood:

Movie title:

Intensity now Rating: 0 1 2 3 4 5 6 7 8 9 10



6.) A specific event that made me feel lonely:

Movie title:

Intensity now Rating: 0 1 2 3 4 5 6 7 8 9 10

7.) A specific event that made me feel disappointed:

Movie title:

Intensity now Rating: 0 1 2 3 4 5 6 7 8 9 10

8.) A specific event that made me feel helpless:

Movie title:

Intensity now Rating: 0 1 2 3 4 5 6 7 8 9 10

9.) A specific event that made me feel hopeless:

Movie title:

Intensity now Rating: 0 1 2 3 4 5 6 7 8 9 10

10.) A specific event that makes me feel trapped:

Movie title:

Intensity now Rating: 0 1 2 3 4 5 6 7 8 9 10