

# ***ANXIETY SCALES***



**#7 steps to overcome anxiety**



<b>Tracking Your Daily Anxiety</b>		DATE:
0 (no anxiety, very relaxed) 50 (average/baseline level of anxiety when triggered) 100 (most extreme level of anxiety)		
<b>Day of the week/date:</b>	<b>Rating of Average anxiety level (0-100)</b>	<b>Anxiety Triggers: Events that raised your anxiety anytime during the day.</b>
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		



### Noting Your Anxiety Stimuli

Document events, thoughts, or somatic experiences that may have triggered an anxiety response. Concisely note the event in the second column, the intensity and duration in the third, and lastly, note your initial coping behavior in the fourth column.

Date/Time	Triggering Events	Intensity	Coping Behavior
1.			
2.			
3.			
4.			
5.			
6.			



**Tracking Your Anxious Thoughts**

Document your anxious experiences in the first column, and note their intensity on the second column, negative ideations in the third, and note the imagined the worst-case scenario in the final column.

<b>Date:</b>	<b>Anxiety Episode</b> (Briefly describe the anxious experience; its symptoms, situation and outcome.)	<b>Intensity</b>	<b>Negative Ideations</b>	<b>Worst-Case Scenario</b>
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			



<b>Discovering Your Inaccurate Assumptions</b>	<b>Date:</b>
<b>Inaccurate Assumptions</b>	<b>Assumptions Ver-Batum</b>
Catastrophizing	
Jumping to Conclusions	
Tunnel Vision	
Nearsightedness	
Emotional Reasoning	
All or Nothing Thinking	
Mind Reading	



## Cognitive and Behavioral Coping List

<b>Behavioral Coping Checklist</b>	<b>Date Used:</b>	<b>Efficacy (1-100)</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
<b>Cognitive Coping Checklist</b>	<b>Date Used:</b>	<b>Efficacy (1-100)</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		



<b>Danger Assessment</b>				
<b>Perceived Threat</b>	<b>Odds Assumed</b> (What do you feel the odds are of fear coming to fruition?)	<b>Intensity</b> (How strong is your emotional reaction to the distressing thought?)	<b>Adequacy</b> (How adequate do you feel you are to manage the perceived threat?)	<b>Unidentified Securities</b> (What comforting aspects of the situation are you ignoring?)
1.				
2.				
3.				
4.				



<b>Collecting The facts</b>	<b>DATE</b>
Jot down the anxious thought:	
<b>Facts Supporting The Negative Assumption:</b>	<b>Evidence against Threatening Thought:</b>
1.	1.
2.	2.
3.	3.
4.	4.
Considering the facts, and not feelings, how strongly do you believe that the negative outcome will come to fruition? (scale of: 0-100%).	
Considering the facts, and not feelings, how detrimental to your quality of life do you believe that the negative outcome would be? (scale of: 0-100%).	