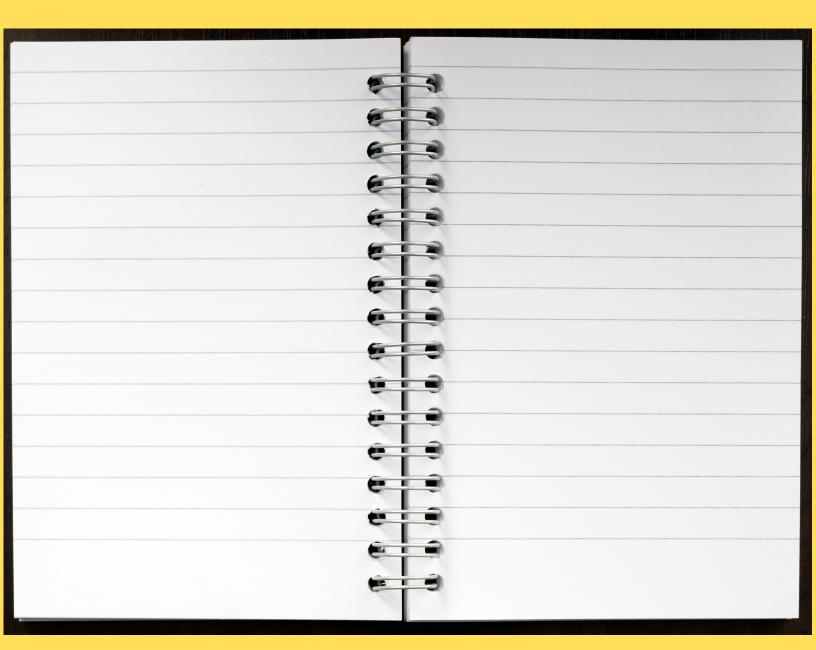


ANXIETY SCALES



#7 steps to overcome anxiety



Tracking Your Daily Anxiety DATE:

0 (no anxiety, very relaxed)

50 (average/baseline level of anxiety when triggered)
100 (most extreme level of anxiety)

Day of the week/date:	Rating of Average anxiety level (0-100)	Anxiety Triggers: Events that raised your anxiety anytime during the day.
Sunday	divinctly level (o 100)	anythine during the day.
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.

your initial coping behavior in the fourth column.					
Date/Time	Triggering Events	Intensity	Coping Behavior		
1.					
2.					
3.					
4.					
5.					
6.					

WWW.THEMENTALHEALTHTOOLBOX.COM



Handout 3/7

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.

ideations in the third, and note the imagined the worst-case scenario in the final column.					
Date:	Anxiety Episode (Briefly describe the	Intensity	Negative Ideations	Worst-Case Scenario	
	anxious experience; its symptoms,				
	situation and outcome.)				
	1.				
	2.				
	3.				
	4				
	4.				
	5.				
	6.				

WWW.THEMENTALHEALTHTOOLBOX.COM



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

WWW.THEMENTALHEALTHTOOLBOX.COM



Cognitive and Behavioral Coping List

Behavioral Coping Checklist	Date Used:	Efficacy (1-100)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
Cognitive Coping Checklist	Date Used:	Efficacy (1-100)
	Date Osca.	
1.	Date Osca.	
	Dute osca.	
1.	Dute osea.	
1. 2.	Dute osea.	
1. 2. 3.	Dute oscu.	
1. 2. 3. 4.	Dute oscu.	
1. 2. 3. 4. 5.	Dute osca.	
1. 2. 3. 4. 5. 6.	Dute oscu.	
1. 2. 3. 4. 5. 6. 7. 8.	Dute oscu.	
1. 2. 3. 4. 5. 6. 7.		
1. 2. 3. 4. 5. 6. 7. 8.		
1. 2. 3. 4. 5. 6. 7. 8. 9. 10.		
1. 2. 3. 4. 5. 6. 7. 8. 9.		

WWW.THEMENTALHEALTHTOOLBOX.COM



Danger Assessment				
Perceived Threat	Odds Assumed	Intensity	Adequacy	Unidentified
	(What do you feel	(How strong is	(How adequate	Securities
	the odds are of	your emotional	do you feel you	(What comforting
	fear coming to	reaction to the	are to manage the	aspects of the
	fruition?)	distressing	perceived	situation are you
		thought?)	threat?)	ignoring?)
1.				
2.				
3.				
5.				
4				
4.				

WWW.THEMENTALHEALTHTOOLBOX.COM



Collecting The facts	DATE		
Jot down the anxious thought:			
Facts Supporting The Negative Assumption:	Evidence against Threatening Thought:		
1.	1.		
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			

WWW.THEMENTALHEALTHTOOLBOX.COM