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### **WORRY RECORD**

Date: \_\_\_/\_\_\_/\_\_\_      Time Began: \_\_\_\_\_ (AM / PM)      Time Ended: \_\_\_\_\_ (AM / PM)

Maximum Level of anxiety (circle a number below):

0	10	20	30	40	50	60	70	80	90	100
(None)	(Mild)	(Moderate)	(Strong)	(Extreme)						

Indicate which of the following symptoms you experienced or are experiencing with an X:

- Restlessness, feeling high-strung or on edge \_\_\_\_\_
- Easily fatigued/exhausted \_\_\_\_\_
- Difficulty concentrating or mentally blanking \_\_\_\_\_
- Irritability or feeling quick to anger \_\_\_\_\_
- Muscle tension/inability to relax \_\_\_\_\_
- Sleep disturbance (waking up often, insomnia, etc) \_\_\_\_\_

Triggering events: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anxious thoughts / Dreaded event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Probability of event: \_\_\_\_\_%      Probability of coping: \_\_\_\_\_%

Anxious Behaviors (examples: drinking, drugs, self-harm, etc.) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Desired Behavior: If I was cured, I could \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_