

Thomas Life Coaching Anxious Episode Record

This form is intended for you to get to know your anxiety on a deeper level, to understand how you are currently dealing with it and to assess if your behaviours are helping or hindering your anxiety.

Date: _____

Length of episode: _____

Anxiety Severity Scale

Put an X at the point on this scale that best describes your maximum level of anxiety during this episode:

0	1	2	3	4	5	6	7	8	9	10
None			Mild		Moderate		Strong		Extreme	

Triggering events: Write a description of the event

Worries: Describe the worries attached to the event

Fill in physical symptoms experienced: e.g. muscle tension, sleep difficulties, difficulty concentrating, mind going blank, irritability, fatigue, restlessness, feeling keyed up or on edge. Other:

Safety behaviours: What are actions do you take? E.g. avoidance, holding breath, mental reassurance, other.

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