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## Facing Activities

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Date: \_\_\_\_\_

Activity: \_\_\_\_\_

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End Goals (excluding superstitious objects, safety signals, safety behaviors, and distractions): \_\_\_\_\_

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Today's Goals: \_\_\_\_\_

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Negative Thought (i.e., whatever it is you are most worried about happening): \_\_\_\_\_

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How many times has it happened? \_\_\_\_\_

What is the evidence? \_\_\_\_\_

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What are the real odds? (0-100) \_\_\_\_\_

Ways of coping: \_\_\_\_\_

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Did what I most worried about occur? (Yes/No) \_\_\_\_\_

Maximal anxiety (0-10): \_\_\_\_\_

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

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