
Facing Symptoms

Date: _____

Symptom exercise: _____

Negative thought (i.e., whatever it is you are most worried about happening): _____

First Exercise

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

Maximal anxiety (0-10): _____

Second Exercise

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

Maximal anxiety (0-10): _____

Third Exercise

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
