
Worry Record—Real Odds

Date: _____ Time began: _____ (A.M./P.M.) Time ended: _____ (A.M./P.M.)

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 are experiencing:

Restlessness, feeling keyed up or on edge _____
Easily fatigued _____
Difficulty concentrating or mind going blank _____
Irritability _____
Muscle tension _____
Sleep disturbance _____

Triggering events: _____

Anxious thoughts: _____

Real odds 0–100 _____

Alternative possibilities: _____

Anxious behaviors: _____
