

ANXIETY DOCUMENTATION FORM

NAME: _____

Date: _____

EVENT: _____

Time: _____

| Emotion | Before | After | Emotion | Before | After |
|----------------------|--------|-------|---------------------|--------|-------|
| Anxious/Worried | | | Angry/Irritated | | |
| Sad/Depressed | | | Frustrated/Defeated | | |
| Embarrassed/Ashamed | | | Panicky/Scared | | |
| Inferior/Incompetent | | | Other: | | |

| Negative Thoughts | Before | After | Distortions | Positive Thoughts | Belief |
|-------------------|--------|-------|-------------|-------------------|--------|
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DISTORTION KEY

| | |
|--------------------------|-----------------------------------|
| 1. Dichotomous Thinking | 6. Arbitrary Inference |
| 2. Overgeneralization | 7. Catastrophizing |
| 3. Personalization | 8. Emotional Reasoning |
| 4. Selective Abstraction | 9. Blame |
| 5. Labeling | 10. Magnification or Minimization |

Instructions: Use this form to log feelings related to your anxiety. Record the percentage-strength of your convictions in the before, after, and belief boxes. Categorize the distortions you are experiencing by number using the distortions key. Share your results with your therapist to help outline further improvement.