

## Worry Diary Table

Date & Time	Situation (where you are, what you are doing and what is going on around you)	Your Worry (e.g. 'What if.....')	How anxious do you feel on a 0–10 scale? (0—not at all anxious, 10—the most anxious you have ever been)	Practical (P) or Hypothetical (H)? (tick the column below)	
				P	H

