

EXERCISE 18.4: FACING YOUR FEAR

Aim to fill out a form each time you face your *Hypothetical Event Worry*. Use the scale below to rate your anxiety or discomfort. Remember you need to work with your worry for long enough for the feelings to reduce.

Anxiety/Discomfort Scale

None		Slight		Moderate		High		Extreme
0	1	2	3	4	5	6	8	9

Session No. _____

Day or date _____ Start time ____:____ Finish time ____:____

Place _____ Worry _____

Anxiety/Discomfort Before ____ During (max) ____ After ____

(please use scale)

Did you use mental gymnastics? No ____ A little ____ A lot ____

How did you do this? _____

Overcoming Worry and Generalised Anxiety Disorder

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Day or date _____ Start time ____:__ Finish time ____:__

Place _____ Worry _____

Anxiety/Discomfort Before ____ During (max) ____ After ____

(please use scale)

Did you use mental gymnastics? No ____ A little ____ A lot ____

How did you do this? _____

Session No. _____

Day or date _____ Start time ____:__ Finish time ____:__

Place _____ Worry _____

Anxiety/Discomfort Before ____ During (max) ____ After ____

(please use scale)

Did you use mental gymnastics? No ____ A little ____ A lot ____

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Session No. _____

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Place _____ Worry _____

Anxiety/Discomfort Before ____ During (max) ____ After ____

(please use scale)

Did you use mental gymnastics? No ____ A little ____ A lot ____

How did you do this? _____