

DAILY "WORRY TIME" LOG

Date and Time: _____ Place: _____

1. What were you worried about today: _____

2. Rate the degree of your anxiety and worry on a scale from 0 to 10 (circle the appropriate number).

0	1	2	3	4	5	6	7	8	9	10

3. What strategy did you use to try and restrict the amount of time you spent worrying? (Please check all that apply.)

Deep breathing Relaxation Positive self-talk
 Thought-stopping Refocusing Other (please list)

4. How successful were your strategies in limiting the amount of time you spent worrying?

5. If the strategies were not helpful in limiting the time you spent worrying today, what factors or stressful events interfered with your ability to "let go" of your worries? _____
