

# 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

### 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 box. Share your results with your therapist to help outline further improvement.