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| --- | --- | --- | --- | --- | --- |
| **Date and 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 scale 0-10 scale.**  **(0= not at all anxious, 10 the most anxious you have every been)** | **Classifying worries using worry tree** | |
|  |  |  |  | **Hypothetical** | **Current** |