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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** |