



NORTHSHORE INTEGRATIVE HEALTHCARE

Phone: 847-920-4NIH (4644)

www.northshoreintegrativehealthcare.com

Thought Record Sheet – Anxiety

Situation	Emotions / Moods (rate 0 – 100%)	Physical sensations & reactions	Unhelpful Thoughts / Images	Alternative / realistic thought More balanced perspective	What I did / What I could do /Defusion technique / What's the best response? Re-rate Emotion 0-100%
<p>What happened? Where? When? Who with? How?</p>	<p>What emotion did I feel at that time? What else? How intense was it?</p>	<p>What did I notice in my body? What would others notice about me?</p>	<p>What went through my mind? What disturbed me? What did those thoughts/images/memories mean to me, or say about me or the situation? What am I responding to? What 'button' is this pressing for me? What would be the worst thing that could happen? What would be the worst thing about that? Am I over-estimating the danger? Am I under-estimating my ability to cope? Is this fact or opinion?</p>	<p>STOPP! Take a breath. What would someone else say about this situation? What's the bigger picture? Is there another way of seeing it? What advice would I give someone else in this situation?</p>	<p>What will the consequences of my action be? Do what works! Act wisely. What will be most helpful for me, for others, or the situation? What could I do differently? What would be more effective?</p>

LOCATIONS

1800 Hollister Drive, Suite 206, Libertyville, IL 60048 * 455 S Roselle Road, Suite 104, Schaumburg, IL 60193
233 East Erie Street, Suite 702, Chicago, IL 60611 * 2150 Pfingsten Road, Suite 2200, Glenview, IL 60026



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