## **Anxiety Diary**

At first, your diary may serve primarily as a record of your anxiety and how often you experience it. But as treatment continues and you learn new ways to respond to your anxiety, you may find the outcome become more positive - and the periods of anxiety becoming less frequent and less severe.

| Date | Did You<br>Have Any<br>Panic<br>Attacks<br>or Anxiety<br>Today? | Note Any Symptoms You Experienced                            | How Would You Rate Them? 1 = Mild 2 = Moderate 3 = Severe | What Did You Do in Response?                     | Outcome         |  |  |  |  |
|------|---|--|---|--|-----------------|--|--|--|--|
|      | See the Sample Entry Below to Help You Get Started              |  |   |  |                 |  |  |  |  |
| 2/10 | □ No  X Yes   | Felt like I was going to lose control during office meeting. | 3   | Used breathing exercises<br>my doctor taught me. | Anxiety passed. |  |  |  |  |
|      | □ No □ Yes  |  |   |  |                 |  |  |  |  |
|      | □ No □ Yes  |  |   |  |                 |  |  |  |  |
|      | □ No □ Yes  |  |   |  |                 |  |  |  |  |
|      | □ No<br>□ Yes   |  |   |  |                 |  |  |  |  |



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|---|---|-----------------------------------|---|------------------------------|---------|--|--|--|--|
| Try to Continue Your Diary for a Few Months |   |                                   |   |                              |         |  |  |  |  |
|   | □ No □ Yes  |                                   |   |                              |         |  |  |  |  |
|   | □ No □ Yes  |                                   |   |                              |         |  |  |  |  |
|   | □ No □ Yes  |                                   |   |                              |         |  |  |  |  |
|   | □ No □ Yes  |                                   |   |                              |         |  |  |  |  |
|   | □ No □ Yes  |                                   |   |                              |         |  |  |  |  |



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