

# Challenging Anxious Thoughts Worksheet

## Patient Information

|                |  |
|----------------|--|
| Name           |  |
| Date           |  |
| Age            |  |
| Gender         |  |
| Contact Number |  |

## Medical History

|                     |  |
|---------------------|--|
| Current Medications |  |
| Previous Therapy    |  |
| Known Triggers      |  |

## Questions

|                                                                               |  |
|-------------------------------------------------------------------------------|--|
| 1. What specific thought is causing you anxiety right now?                    |  |
| 2. On a scale of 1 to 10, how distressing is this thought? (1=least, 10=most) |  |
| 3. What physical sensations arise when this thought occurs?                   |  |
| 4. How do you usually react when faced with this thought?                     |  |

|                                                                          |  |
|--------------------------------------------------------------------------|--|
| <b>5. What evidence supports this anxious thought?</b>                   |  |
| <b>6. What evidence contradicts or challenges this anxious thought?</b>  |  |
| <b>7. Can you think of an alternative perspective to this situation?</b> |  |
| <b>8. If a friend had this thought, what advice would you give them?</b> |  |
| <b>9. How have you managed similar thoughts in the past?</b>             |  |
| <b>10. Imagine the worst-case scenario; how would you cope?</b>          |  |
| <b>11. Conversely, what's the best possible outcome?</b>                 |  |
| <b>12. In your view, what's a balanced, likely outcome?</b>              |  |