Weekly Practice Record

Goals for Week	Date:
1.	
2.	
3.	

	Su	Mo	Tu	We	Th	Fr	Sa
Used deep breathing technique (x a day minutes)							
Used deep relaxation technique (x a day minutes)	1						
Did one-half hour vigorous exercise							
Used coping techniques to manage panic*							
Used affirmations to counter mistaken beliefs (x a dayminutes)							
Practiced imagery desensitization (minutes per day)							
Practiced real-life desensitization (minutes per day)							
Identified/expressed feelings							
Practiced assertive communication with							
Self-esteem: worked on improving body image							
Self-esteem: took steps toward achieving goals			'				
Nutrition: eliminated caffeine/sugar/stimulants							
Nutrition: ate only whole, unprocessed foods							
Medication: used appropriate medications as prescribed by doctor							
Meaning: worked on discovering/realizing life purpose							
Spirituality: utilized spiritual beliefs and practices to		·					
reduce anxiety							
Other							
			1				
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^{*} e.g., progressive muscle relaxation, visualization, or meditation

Mood Diary

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday (Sunday (4 9
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0	10	(3)	10	0	10	(3)	10	(3)	10	(3)	10	(D)	10
Good things today:	Bad things today:	Good things today:	Bad things today:	Good things today:	Bad things today:	Good things today:	Bad things today:	Good things today:	Bad things today:	Good things today:	Bad things today:	Good things today:	Bad things today:
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Hierarchy of Feared Situations

Write down all the situations which distress you, then add them to the table below, in order of how distressing they are. In the last column, rate how distressed each one makes you, from 0 (no distress) to 10 (maximum distress).

Rank	Situation	Normally avoid? yes / no	Distress 0 - 10
		705 / 110	
		:	
			,

In case of a setback...

How can I make sense of this?
What events / triggers led up to this setback? How did I react to this? What did I do? What did I think? What did I feel?
What have I learnt from it?
Was this a high-risk situation? Are there things that I can identify are difficult? What helped and what didn't?
What holped and What didn't?
With hindsight, what would I do differently?
When I think / feelwhat could I do instead?
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Maintaining Progress
What have I learned?

What was most useful?

What are my high risk situations of this happening?

What can I continue to do to prevent a setback?

What events / situations / triggers cause me to be more vulnerable?

What are the signs?

Thoughts / feelings / behaviours

What can I do to avoid losing control?

What could I do differently? What would work best?

When I'm struggling or feeling bad, what could I do that will help?

What could I do if I did lose control?

What has helped? What have I learned? Who can help?

Exposure Homework Sheet

	1	l .	E	T	1		T
ig for?	Comments What happened? What did you do? How was your anxiety affected? What helped? What didn't help? What could you do differently next time?						
Exercise: What will I do? How long for?	Duration						
s: What wil.	Anxiety rating 0 - 10 After						
Exercise: What will I do? +	Anxiety rating 0 - 10 During						
	Anxiety rating 0 - 10 Before						
Feared situation	Thoughts What might happen? What's the worst thing about it? How likely is this to happen?					TOOMS AND THE PROPERTY OF THE	
Feared	Day / Time						