

**WORRY DIARY (To be completed at 3 set times per day)**

DATE & TIME	SITUATION	WORRY (what if . . .)	ANXIETY 0-10 (none to extreme)	Type I or Type II (or both)
e.g., Wed. Jan. 17 @ 3:30pm	At work and feel a pain in my stomach	What if this is something serious and I have cancer? What if I lose my job because I have to have treatment?	8	Type II

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