

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?	

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