

<b>Date / Time</b>	<b>Situation / Activity</b>	<b>1. How did you feel? (rate: 0 – 100)</b> <b>2. Main body sensations or mental signs</b> <b>3. What was the first sign?</b>	<b>1. What was going through your mind at the time?</b> <b>2. How strongly did you believe this? (rate: 0 – 100)</b>	<b>1. What did you do to manage your anxiety / the symptoms?</b> <b>2. How useful was this? (rate: 0 – 100)</b>

