

Worksheet

US English

Health Anxiety Self-Monitoring Record (Edition 1)



Health Anxiety Self-Monitoring Record

Description

Cognition (interpretations) are a fundamental part of CBT and thought monitoring is an essential skill for clients to develop. Thought monitoring can be used to:

- Identify negative automatic thoughts (NATs), images, or memories.
- Notice associations between events and cognitions.
- Help clients understand the links between thoughts, emotions, and body sensations.

This *Health Anxiety Self-Monitoring Record* is designed to help clients to better understand their thoughts and emotional / physiological responses related to health concerns.

Instructions

Clients should be instructed to record specific instances in which angry thoughts, feelings, or responses were prompted.

1. In the first column (Situation), clients should be instructed to record what they were doing when they started to notice a significant change in how they were feeling. Training clients to record specific details (such as who they were with, where they were, and what had just happened) is often helpful when later elaborating a memory for an event, or simply in understanding the reasons for subsequent thoughts and responses.
2. In the second column (Thoughts about my health), clients should be directed to record any automatic cognitions. They should be reminded that cognitions can take the form of verbal thoughts, but can also take the form of images, or memories. If a recorded cognition is an image (e.g. “I had a picture in my mind of dying in hospital with my family looking concerned”) clients should be directed to question what that image means to them (e.g. “It means I worry about how my family could cope without me”) and to record that idiosyncratic meaning.
3. In the third column (Emotions), clients should be instructed to record their emotional reactions in that moment (which can typically be described using single words, e.g. anxious, scared, terrified). Clients should be encouraged to rate the intensity of these sensations on 0–100% scale.
4. In the fourth column (Body sensations), clients should be instructed to record associated body sensations (e.g. tightness in my stomach).

References

Beck, A.T., Rush, A.J., Shaw, B.F., & Emery, G. (1979). *Cognitive therapy of depression*. New York: Guilford.

Taylor, S. (2005). Understanding and treating health anxiety: A cognitive-behavioral approach. *Cognitive and Behavioral Practice*, 11(1), 112-123.

Health Anxiety Self-Monitoring Record

Situation Who were you with? What were you doing? Where were you? When did it happen?	Body sensations What feelings did you experience in your body?	Thoughts about my health What went through your mind? (Thoughts, images, or memories)	Emotions What did you feel? (Rate intensity 0–100%)
		<div>If it was an image or memory, what did it mean to you?</div>	

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Situation Who were you with? What were you doing? Where were you? When did it happen?	Body sensations What feelings did you experience in your body?	Thoughts about my health What went through your mind? (Thoughts, images, or memories)	Emotions What did you feel? (Rate intensity 0–100%)
Friday 07:30 Climbing stairs at home.	Can hear the blood pulsing in my ears – it’s really fast and loud and makes a ‘whooshing’ noise.	my blood pressure is really high – I’m going to have a stroke. Image of myself collapsed at bottom of stairs.	Really scared – 95%
Wednesday 10:00 Working at after-school club (We had sent one child home with a fever earlier).	Cough and soreness in throat. Stiffness in my muscles.	Am I getting what that child had? maybe it will affect me worse because I have a poor immune system.	Worried – 50%
Saturday 14:00 Eating lunch.	Tightness in my throat.	memory of dad after he had his heart attack – how sweaty and pale he looked. maybe that’s how I’ll die.	Anxious – 70%
		If it was an image or memory, what did it mean to you?	

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