|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Situation and Trigger** | **Feelings and Physical Symptoms** | **Unhelpful Thoughts or Images** | **Self-Focus** | **Safety Behaviours** |
| *What happened? Who with? When? How?* | *What emotion did I feel? How intense was it?**What did I notice in my body? Where did I feel it?*  | *What went through my mind? What’s the worst that could happen? What did I think others would notice or think about me? What does this say about me?*  | *When I felt anxious, where was the focus of my attention? What did I notice about myself? What do I imagine I look like or how others see me?* | *What did I do that helped me cope? What did I do to hide it or prevent others from noticing? What did I do to try and stop it from happening? Did I have an urge to do anything?* |
|  |  |  |  |  |