

### Managing Symptoms (Diarrhoea): Goals sheet

Goals	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

### Managing Symptoms (Constipation): Goals sheet

Goals	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

### Managing Stress / relaxation: Goals sheet

Goals	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

## Healthy eating sleep: Goals Sheet

Goals	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

## Improving sleep: Goals Sheet

Goals	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

## Exercise and activity: Goals Sheet

Goals	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

## Dealing with anxiety: Goals Sheet

Goals	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

# Part 2

## Behavioural Experiments Worksheet A

### Planning a Behavioural Experiment Worksheet A

Thought to Be Put Into Action		Testing It Out	
What is the thought you want to put into action?		What are you going to do?	
		Where are you going to do it?	
		When are you going to do it?	
		Who is involved?	
How much do you believe this thought? (0-100%)			
Predicting the Worst		What's the Alternative?	
What do you fear is going to happen?		What are alternative predictions?	
		How likely do you think this is? (0-100%)	
		How likely do you think this is? (0-100%)	
What May Stop You?		Clearing the Way	
What things may get in your way?		How will you overcome these?	

# Part 3

## Behavioural Experiments Worksheet B

### Reviewing Your Behavioural Experiment Worksheet B

#### Reviewing Your Prediction

Write your original prediction below

How much do you believe  
this thought? (0-100%)

#### What Happened?

Briefly describe what happened

#### My Learning

How would you change your original  
thought to account for the new  
learning?

How much do you believe  
this thought? (0-100%)

How much do you still  
believe your original  
thought? (0-100%)

#### Doing Things Differently

Based on the new thought what  
may you do differently in the future?

#### Looking Forward

Are there any further behavioural experiments that may be helpful?

# Dealing with Worry in Low Intensity CBT

## My Worry Diary

<b>Date and Time</b>	<b>Situation</b> (where you are, what you are doing and what is going on around you)	<b>Your Worry</b> (e.g. "What if...")	<b>How anxious do you feel on a 0-10 scale</b>  (0=not at all anxious, 10 the most anxious you have ever been)	<b>Classify</b>  Using the classifying tool in Part 2b overleaf, record here if this is a practical (P) or hypothetical (H) worry  <b>H</b> <b>P</b>