

Three Components of Social Anxiety Monitoring Form

Situation (Place and Time)	Fear (0–100)	Physical Sensations	Anxiety-Provoking Thoughts or Predictions	Avoidance or Safety Behaviors

Feared Social Situations Worksheet

Interpersonal Situations (Interacting with Others)

Fear	Avoidance	Item
_____	_____	Asking someone out on a date
_____	_____	Starting a conversation with a classmate or coworker
_____	_____	Going to a party
_____	_____	Having friends over for dinner
_____	_____	Being introduced to new people
_____	_____	Talking on the telephone with a friend
_____	_____	Talking on the telephone with a stranger
_____	_____	Communicating with friends or acquaintances over video conferencing (such as Skype)
_____	_____	Communicating with friends or acquaintances over social media (such as Facebook or Twitter)
_____	_____	Expressing a personal opinion (for instance, expressing your views about a movie that you saw recently or a book that you read)
_____	_____	Being interviewed for a job
_____	_____	Being assertive (such as refusing an unreasonable request)
_____	_____	Returning an item to a store
_____	_____	Sending back food in a restaurant
_____	_____	Making eye contact
_____	_____	Other: _____
_____	_____	Other: _____
_____	_____	Other: _____

Performance Situations (Being Observed by Others)

Fear	Avoidance	Item
		Giving a presentation at work
		Making a toast at a party or family gathering
		Speaking in meetings at work or school
		Playing sports or participating in aerobics in front of others
		Standing in a wedding party at someone else’s wedding
		Singing or performing music in front of others
		Eating or drinking in front of others
		Using public restrooms with others in the room
		Writing with others watching (such as signing a check or filling out a form)
		Making a mistake in public (for instance, mispronouncing a word)
		Walking or jogging in a busy public place
		Introducing yourself in front of a group
		Shopping in a busy store
		Other:
		Other:
		Other:

Your Anxiety Variables

Aspects of the Other Person and Their Effect on Your Discomfort

Effect on Your Discomfort	Item
_____	Age of the other person
_____	Gender of the other person
_____	Relationship status of the other person (for example, married, dating someone, single)
_____	Physical attractiveness of the other person
_____	Nationality or ethnic background of the other person
_____	How confident the other person seems
_____	How aggressive or pushy the other person seems
_____	How interesting the other person appears to be
_____	How educated or intelligent the other person appears to be
_____	Whether the person appears to have a good sense of humor
_____	How financially successful the other person seems to be
_____	How well dressed the other person appears to be
_____	Other: _____
_____	Other: _____

The Effect Your Relationship with the Other Person Has on Your Discomfort

Effect on Your Discomfort	Item
_____	How well you know the other person (family member, close friend, acquaintance, stranger, and so on)
_____	How intimate and close you are to the other person
_____	Whether there is a history of conflict between you and the other person
_____	The type of relationship (supervisor, coworker, employee) between you and the other person
_____	Other: _____
_____	Other: _____

How You Are Feeling and Its Effect on Your Discomfort

Effect on Your Discomfort	Item
_____	How tired you are overall
_____	General level of stress in your life at the time
_____	How familiar you are with the topic being discussed
_____	How prepared you are before entering the situation (For example, did you rehearse your presentation?)
_____	Other: _____
_____	Other: _____

Aspects of the Situation and Their Effect on Your Discomfort

Effect on Your Discomfort	Item
_____	Lighting (For instance, is the light level so high that you feel that any sign of your anxiety will be visible?)
_____	How formal the situation is (for example, eating at a wedding reception versus a casual dinner with friends)
_____	Number of people involved (such as presenting to a few coworkers versus a filled auditorium)
_____	Activity involved (eating, speaking, writing, and so on)
_____	Your physical position (seated, standing, and so on)
_____	Whether you can use alcohol or drugs to feel more comfortable
_____	How long you're stuck in the situation
_____	Other: _____
_____	Other: _____

What Are Your Physical Sensations and How Frightened of Them Are You?

Below is a list of physical feelings that people sometimes experience when they feel anxious, worried, or frightened. For each item, rate from 0 to 100 the intensity of the feeling during a typical exposure to an anxiety-provoking social situation. A rating of 0 means that typically you do not experience the sensation at all, and a rating of 100 means that the sensation typically is extremely intense when you encounter social situations that are a problem for you. Next, using a scale from 0 to 100, rate the extent to which you are fearful of experiencing the sensation in front of other people. A rating of 0 means that you are not at all concerned about this, and a rating of 100 means that you are extremely fearful of experiencing the sensation in front of others.

Intensity of the Physical Sensation Scale

0

10

20

30

40

50

60

70

80

90

100

Not
at All

Mild

Moderate

Extreme

Very
Extreme

Fear of Having the Physical Sensation in Front of Others Scale

0

10

20

30

40

50

60

70

80

90

100

No
Fear

Mild
Fear

Moderate
Fear

Extreme
Fear

Very Extreme
Fear

Intensity of Sensation	Your Fear of Sensation	Sensation
_____	_____	Racing or pounding heart
_____	_____	Breathlessness or feeling smothered
_____	_____	Dizziness or light-headedness
_____	_____	Difficulty swallowing, choking feelings, or a lump in the throat
_____	_____	Quivering or shakiness (in the hands, knees, lips, or whole body)
_____	_____	Blushing
_____	_____	Nausea, diarrhea, or butterflies in the stomach
_____	_____	Excessive sweating
_____	_____	Shaky voice
_____	_____	Tearfulness or crying
_____	_____	Poor concentration (forgetting what you're trying to say)
_____	_____	Blurred vision
_____	_____	Numbness and tingling sensations
_____	_____	Feelings of unreality or of being detached from your body or things around you
_____	_____	Tightness, soreness, or weakness in the muscles
_____	_____	Chest pain or tightness in chest muscles
_____	_____	Dry mouth
_____	_____	Feeling hot or cold
_____	_____	Other: _____
_____	_____	Other: _____
_____	_____	Other: _____

Subtle Avoidance and Safety Behaviors

In the spaces that follow, list examples of subtle avoidance or safety behaviors that you use to manage your anxiety in social situations. Because these behaviors may differ from situation to situation, there is space to record behaviors for up to five different social situations.

Social Situation	Subtle Avoidance and Safety Behaviors
1. _____	_____ _____ _____
2. _____	_____ _____ _____
3. _____	_____ _____ _____
4. _____	_____ _____ _____
5. _____	_____ _____ _____

Record of Previous Treatments

Yes	No	Treatment
<hr/>	<hr/>	<p><i>Medications</i></p> <p>If yes, list drug names, duration of treatment, and maximum dosage for each. Also, describe any side effects you experienced and whether each medication helped. Indicate if you took the medication as prescribed.</p> <hr/> <hr/> <hr/> <hr/>
<hr/>	<hr/>	<p><i>Exposure to Feared Situations</i></p> <p>If yes, describe the treatment, including frequency of exposures, duration of treatment, types of situations practiced, and outcome.</p> <hr/> <hr/> <hr/> <hr/>
<hr/>	<hr/>	<p><i>Cognitive Therapy</i></p> <p>(Therapy focused on teaching strategies for changing anxiety-provoking thinking; often includes the completion of thought records as a component.) If yes, describe the treatment, including the duration of treatment and outcome.</p> <hr/> <hr/> <hr/> <hr/>
<hr/>	<hr/>	<p><i>Mindfulness and Acceptance-Based Treatment</i></p> <p>(For example, mindfulness meditation.) If yes, describe the treatment or course content, including duration of treatment and outcome.</p> <hr/> <hr/> <hr/> <hr/>

Communication Skills Training

(For example, assertiveness training or a public speaking or communications course.) If yes, describe the treatment or course content, including duration of treatment and outcome.

Insight-Oriented Therapy

(Therapy focused on early-childhood experiences and on helping clients to understand the deep causes underlying a particular problem.) If yes, describe the treatment, including duration of treatment and outcome.

Supportive Therapy

(Therapy that is usually fairly unstructured in which the client describes experiences over the past week and the therapist offers support and perhaps suggestions for solving problems that arise from week to week.) If yes, describe the treatment, including duration of treatment and outcome.

Self-Help Book

If yes, describe the treatment. For instance, what book (or books) did you read? What approach did the book take? Did it help?

Antidepressant Dose Ranges for Treating Social Anxiety Disorder

Generic Name	Brand Name	Therapeutic Dose Range (mg)*
<i>SSRIs</i>		
citalopram	Celexa	10–40
escitalopram	Lexapro/Cipralex	10–20
fluoxetine	Prozac	10–80
fluvoxamine	Luvox	50–300
paroxetine	Paxil	10–60
paroxetine CR	Paxil CR	12.5–75
sertraline	Zoloft	50–200
<i>Other Antidepressants</i>		
duloxetine	Cymbalta	60–120
mirtazapine	Remeron	15–60
moclobemide	Manerix/Aurorix	300–600
phenelzine	Nardil	45–90
venlafaxine XR	Effexor XR	75–375
vilazodone	Viibryd	10–40

*Dosages are based, in part, on recommendations by Procysyn, Bezchlibnyk-Butler, and Jeffries 2017.

Form for Examining the Evidence

Situation

Anxiety-Provoking Beliefs, Predictions, and Interpretations

Alternative Beliefs, Predictions, and Interpretations

Evidence Supporting My Anxiety-Provoking Beliefs, Predictions, and Interpretations

Evidence Supporting My Alternative Beliefs, Predictions, and Interpretations

Identifying a More Balanced and Flexible Way to Look at the Situation

Decatastrophizing Form

Situation	Anxiety-Provoking Thoughts and Predictions (What do I think will happen?)	Noncatastrophic Responses (What if my thoughts come true?)

Social Anxiety Thought Record—Completed Example

Day and Time	Situation	Anxiety-Provoking Thoughts and Predictions	Anxiety Before (0–100)	Alternative Thoughts and Predictions	Evidence and Realistic Conclusions	Anxiety After (0–100)
April 3, 2:00 p.m.	Meeting at work	I will say something stupid; people will think I'm an idiot.	90	I will say something intelligent, or I will say something that is neither stupid nor intelligent. Some people will think I'm smart; some people may think I am of average intelligence. Whatever I say won't change what my coworkers already think about my intelligence.	My boss asked me to speak at the meeting, so she must think I have something worthwhile to say. Everyone says stupid things from time to time, and there is no reason to think that I shouldn't also say dumb things sometimes. Nothing terrible will happen if I say something stupid. Everyone in the room already knows me. Even if someone thinks I am stupid, it won't be the end of the world.	50
April 5, 7:00 p.m.	Eating dinner with a friend, my hands are shaking	My shaking hands will be noticeable. My friend will think that I am nervous and will see that as a weakness	70	Maybe my friend won't notice my hands shaking. Even if he notices, he may not think it is due to anxiety. Even if he thinks it is due to anxiety, he may not see it as a weakness.	I have known my friend for years. He knows that I get nervous sometimes, and he still wants to spend time with me. He gets nervous in situations that don't bother me (he is afraid of flying). I have the right to have shaky hands sometimes!	45
April 7, 3:00 p.m.	Returning an item to a store	The cashier will think I'm stupid for buying this item in the first place. I won't be clear when I try to explain what I want to do. The cashier won't let me return the item, and I won't know how to respond.	70	The cashier will not think I am stupid. I will be able to explain what I want to do. The cashier will allow me to return the item. Even if I am anxious, I will be able to cope with this situation.	I have returned items to stores before, and it always seems to work out. Chances are that it will work out this time too. Returns are allowed within thirty days, so I have the right to return this item. Even if I seem nervous, the cashier doesn't have the right to turn down my request. If I can't think of the right words, I can just take my time until the words come to me.	20

Social Anxiety Thought Record

Day and Time	Situation	Anxiety-Provoking Thoughts and Predictions	Anxiety Before (0–100)	Alternative Thoughts and Predictions	Evidence and Realistic Conclusions	Anxiety After (0–100)

We provide two examples of situational exposure hierarchies here, one for a person who fears public speaking and the other for someone who experiences social anxiety in many different situations (in other words, generalized social anxiety). Note that the hierarchy items are very specific with respect to relevant variables, such as the duration of the practice and the types of people present. Developing specific items is important because it's difficult to develop practices based on overly vague hierarchy items. Fear and avoidance ratings are based on a scale ranging from 0 (no fear, no avoidance) to 100 (maximum fear, complete avoidance).

Sample Situational Exposure Hierarchy: Public Speaking

Situation	Fear	Avoidance
Give a one-hour formal lecture to two hundred strangers about a topic that I don't know well.	100	100
Give a one-hour formal lecture to thirty strangers about a topic that I don't know well.	99	100
Give a one-hour formal lecture to two hundred strangers about a familiar topic.	90	100
Give a one-hour formal lecture to thirty strangers about a familiar topic.	85	100
Give a one-hour informal presentation to twenty coworkers about an unfamiliar topic.	85	90
Give a one-hour informal presentation to twenty coworkers about an unfamiliar topic.	70	70
Give a one-hour informal presentation to twenty young children about my work.	65	65
Make comments or ask questions in a large meeting (more than fifteen people).	50	60
Make comments or ask questions in a small meeting (five or six people).	40	40
Offer to make a toast at a family dinner.	35	35

Sample Situational Exposure Hierarchy: Generalized Social Anxiety

Situation	Fear	Avoidance
Give a one-hour formal lecture to thirty coworkers about a familiar topic.	100	100
Have a party at my home for my coworkers.	95	95
Ask Pat out for a dinner date.	90	100
Answer an online personal ad.	85	100
Attend the annual holiday party at work without drinking alcohol.	85	85
Attend a party for a coworker who is retiring.	70	70
Have a formal dinner with Rita (a friend).	70	75
Talk about personal feelings or opinions with my coworkers.	60	60
Have a fast-food lunch with Rita.	60	50
Have a conversation with the person sitting next to me on a bus.	50	50
Ask someone for directions or for the time.	45	45
Call Rita on the telephone.	40	40
Eat alone in a crowded food court at the mall.	40	40
Walk around at a crowded mall.	35	35
Answer my phone without checking caller ID.	30	50

Situational Exposure Hierarchy Form

Situation	Fear (0–100)	Avoidance (0–100)
1. _____ _____	_____	_____
2. _____ _____	_____	_____
3. _____ _____	_____	_____
4. _____ _____	_____	_____
5. _____ _____	_____	_____
6. _____ _____	_____	_____
7. _____ _____	_____	_____
8. _____ _____	_____	_____
9. _____ _____	_____	_____
10. _____ _____	_____	_____

Situational Exposure Monitoring Form

Describe the Exposure Situation: _____ Date and Time: _____

Duration of Exposure: _____ Initial Fear Level (0–100): _____ Fear Level After (0–100): _____

Complete Before The Exposure Practice			Complete After The Exposure Practice
What emotions (for example, fear and anger) do you have as you think about doing this exposure?	What anxiety-provoking thoughts and predictions do you have about the exposure? What do you expect to happen during the exposure practice?	What evidence do you have that your fearful thoughts and predictions are true?	1. What was the <i>outcome</i> of this practice? What actually happened? 2. What <i>evidence</i> did you gain from this practice? How accurate were your original thoughts and predictions?
			1. Outcome of Practice 2. Evidence Gained

Fear Ratings (0–100)

Provide occasional fear ratings over the course of the exposure practice. For example, for a twenty-minute exposure practice, record ratings every five minutes or so. For a two-hour exposure practice, record ratings every fifteen minutes or so. Space is provided for a total of twenty ratings over the course of the practice.

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____

11. _____ 12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____ 20. _____

Based on this experience, what exposure practice will you complete next? _____

Symptom Induction Testing Form

Instructions: After trying each symptom exposure exercise at home, (1) record the physical sensations you experienced; (2) rate the intensity of the fear you experienced using a scale of 0 (no fear) to 100 (maximum fear); and, (3) using a scale ranging from 0 (no fear) to 100 (maximum fear), rate the level of fear you would expect to experience if you practiced the exposure in front of others (for example, in a meeting, having dinner with friends, or while giving a presentation).

Exercise	Sensations Experienced	Fear at Home (0–100)	Expected Fear in Front of Others (0–100)
Wear overly warm clothing.			
Have a hot drink or hot soup.			
Sit in a hot, stuffy space (for example, a sauna, hot car, or small room with a space heater) for five to ten minutes.			
Tense all the muscles in the body for sixty seconds, or for as long as possible.			
Carry heavy weights or bags for sixty seconds, or for as long as possible.			

Run on the spot or run up and down stairs for sixty seconds.			
Spin around in a swivel chair for sixty seconds.			
Hyperventilate (shallow breathing at a rate of about 100 to 120 breaths per minute) for 60 seconds.			
Breathe through a small, narrow straw (plug your nose if necessary) for two minutes.			
Other exercise:			
Other exercise:			

Symptom Exposure Diary

Instructions: You should complete this form each time you practice symptom exposure. The first column indicates the trial number (1, 2, 3, and so on). For each trial, (1) list the physical sensations that you experienced; (2) rate the intensity of the fear you experienced using a scale of 0 (no fear) to 100 (maximum fear); (3) list specific anxiety-provoking thoughts and predictions regarding the exercise (for example, “I will be hot and sweaty for the rest of the day”); and (4) list balanced, realistic, and flexible beliefs to counter these thoughts and predictions, as well as evidence concerning their validity.

Describe the Exposure Exercise: _____

Location of Practice: _____ Date and Time: _____

Trial #	Sensations Experienced	Fear (0–100)	Anxiety-Provoking Thoughts and Predictions	Balanced, Realistic, and Flexible Alternative Beliefs, and Related Evidence
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Identifying Values and Goals

Life Domains	Values	Examples of Goals
Family relationships (other than intimate relationships) ____ Check here if this domain is not important to your values, and skip to next domain.	<ul style="list-style-type: none"> What sort of sibling, parent, child, nephew, niece, cousin, grandparent, or grandchild do I want to be? <i>My Values</i> <hr/> <hr/> <hr/> <hr/>	<ul style="list-style-type: none"> Invite family over for dinner Organize a birthday party for my child <i>My Goals</i> <hr/> <hr/> <hr/> <hr/>
Intimate relationships (for example, marriage, partnership) ____ Check here if this domain is not important to your values, and skip to next domain.	<ul style="list-style-type: none"> What sort of partner would I like to be? What sort of relationship would I like to have? <i>My Values</i> <hr/> <hr/> <hr/> <hr/>	<ul style="list-style-type: none"> Go on dates Get married Disclose personal feelings to my partner Socialize with my partner and other couples <i>My Goals</i> <hr/> <hr/> <hr/> <hr/>

Life Domains	Values	Examples of Goals
Friendships and other social relationships ____ Check here if this domain is not important to your values, and skip to next domain.	<ul style="list-style-type: none"> • What does it mean to me to be a good friend? • How would I like my friendships to be? My Values <hr/> <hr/> <hr/> <hr/>	<ul style="list-style-type: none"> • Join a club to meet others who share my interest in photography • Go out for lunch with coworkers • Chat with friends on social media My Goals <hr/> <hr/> <hr/> <hr/>
Career/employment ____ Check here if this domain is not important to your values, and skip to next domain.	<ul style="list-style-type: none"> • What type of work would I like to do? • What type of worker would I like to be? • How would I like my work relationships to be? My Values <hr/> <hr/> <hr/> <hr/>	<ul style="list-style-type: none"> • Attend conference and network with potential employers • Apply for jobs • Ask my boss for increased responsibility at work My Goals <hr/> <hr/> <hr/> <hr/>
Education, learning, and personal growth ____ Check here if this domain is not important to your values, and skip to next domain.	<ul style="list-style-type: none"> • What would I like to learn more about, and why? My Values <hr/> <hr/> <hr/> <hr/>	<ul style="list-style-type: none"> • Apply for an MBA program at my local university • Take a cooking class • Take private piano lessons My Goals <hr/> <hr/> <hr/> <hr/>

Life Domains	Values	Examples of Goals
Recreation, leisure, and fun ____ Check here if this domain is not important to your values, and skip to next domain.	<ul style="list-style-type: none"> • What recreational areas are of interest to me? • How would I like my recreational life to look? <i>My Values</i> <hr/> <hr/> <hr/> <hr/>	<ul style="list-style-type: none"> • Go on a singles cruise • Spend time on a beach or reading in the park down the street • Eat dinner in a busy restaurant <i>My Goals</i> <hr/> <hr/> <hr/> <hr/>
Spirituality (refers to whatever “spirituality” means to you) ____ Check here if this domain is not important to your values, and skip to next domain.	<ul style="list-style-type: none"> • How would I like my spiritual life to look? <i>My Values</i> <hr/> <hr/> <hr/> <hr/>	<ul style="list-style-type: none"> • Attend religious services (for example, a church, synagogue, or mosque) with my children • Take a meditation class • Commune with nature (for example, go hiking) with a friend <i>My Goals</i> <hr/> <hr/> <hr/> <hr/>

Life Domains	Values	Examples of Goals
Community participation ____ Check here if this domain is not important to your values, and skip to next domain.	<ul style="list-style-type: none"> • What role do I see for myself in my community? • Why is community involvement important to me? <i>My Values</i> <hr/> <hr/> <hr/> <hr/>	<ul style="list-style-type: none"> • Participate in this year's local neighborhood block party • Canvas for my favorite candidate for mayor • Volunteer at a homeless shelter <i>My Goals</i> <hr/> <hr/> <hr/> <hr/>
Health/physical well-being ____ Check here if this domain is not important to your values, and skip to next domain.	<ul style="list-style-type: none"> • What matters most to me with respect to health (for example, diet, exercise, sleep, smoking, and so forth)? <i>My Values</i> <hr/> <hr/> <hr/> <hr/>	<ul style="list-style-type: none"> • Make an appointment for that physical exam I have been putting off • Join a gym and work out three times per week • Stop drinking alcohol to manage my anxiety <i>My Goals</i> <hr/> <hr/> <hr/> <hr/>
Other (for example, art, aesthetics, the environment, or any other domains you can think of)	<i>My Values</i> <hr/> <hr/> <hr/> <hr/>	<i>My Goals</i> <hr/> <hr/> <hr/> <hr/>

Desired Behavior Changes

Are there changes that you haven't yet made that are important to you, taking into account the core values and goals you identified earlier? Perhaps start with a simple question: What changes do you want to make right now, and what steps will you take to make them? Record your answers in the following table.

Changes I Would Like to Make	Actions to Help Me Make These Changes
1.	<ul style="list-style-type: none">
2.	<ul style="list-style-type: none">
3.	<ul style="list-style-type: none">
4.	<ul style="list-style-type: none">
5.	<ul style="list-style-type: none">