



ILLNESS ANXIETY DISORDER (IAD) WORKSHEET

IT IS DURING OUR DARKEST MOMENTS THAT WE MUST FOCUS TO SEE THE LIGHT -ARISTOTLE-

This worksheet is designed to help you better understand your health anxiety and develop strategies to manage it.

Section 1: Self-Assessment

1. On a scale from 1 to 10, how often do you find yourself worrying about your health? 1 = Rarely, 10 = Constantly

List the specific health concerns that frequently occupy your thoughts
HEART CONDITIONS
INFECTIOUS DISEASES
NEUROLOGICAL DISORDERS
DIGESTIVE ISSUES
OTHERS (SPECIFY):
Check the physical symptoms you have experienced due to health anxiety (check all that apply) Increased heart rate Shortness of breath Dizziness Muscle tension Sweating Castrointestinal distress Others (specify):



2/5

Section 2: Identifying Triggers

Write down situations or factors that trigger your health anxiety. For example, is it triggered by specific news stories, physical sensations, or stressful life events?

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List any avoidant behaviors you engage in to cope with your health anxiety (e.g., excessive Googling, frequent doctor visits, seeking reassurance from others):

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3/5

Section 3: Cognitive Restructuring

CHALLENGE YOUR ANXIOUS THOUGHTS:

IDENTIFY A RECENT HEALTH CONCERN THAT WORRIED YOU.

WRITE DOWN THE EVIDENCE THAT SUPPORTS YOUR WORRY.

WRITE DOWN THE EVIDENCE THAT CONTRADICTS YOUR WORRY.

WORRY: _____

SUPPORTING EVIDENCE: _____

CONTRADICTORY EVIDENCE: _____

RE-WRITE THE ANXIOUS THOUGHT IN A MORE RATIONAL AND BALANCED WAY:

RATIONALIZED THOUGHT:





4/5

Section-4: Coping Strategies

PRACTICE RELAXATION TECHNIQUES TO MANAGE ANXIETY:

- DEEP BREATHING EXERCISES
- PROGRESSIVE MUSCLE RELAXATION
- MINDFULNESS MEDITATION
- YOGA

OTHER (SPECIFY): _____

CREATE AN "ANXIETY TOOLKIT":

LIST ACTIVITIES OR DISTRACTIONS THAT HELP YOU REDIRECT YOUR FOCUS WHEN ANXIOUS THOUGHTS ARISE:

- 1.
- 2.
- _ -
- 3.
- 4.
- 5.
- 6.

Section-5: Progress Monitoring

PERIODICALLY, REASSESS YOUR HEALTH ANXIETY LEVELS AND COPING STRATEGIES. RATE YOUR ANXIETY FROM 1 TO 10, WITH 1 BEING MINIMAL AND 10 BEING SEVERE.

(DATE: _____)

_____ (DATE<mark>: ____</mark>)

_____(DATE: _____)



RECORD ANY CHANGES IN YOUR SYMPTOMS, TRIGGERS, OR IMPROVEMENTS IN YOUR HEALTH ANXIETY:

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REMEMBER, MANAGING HEALTH ANXIETY IS AN ONGOING PROCESS, AND IT'S ESSENTIAL TO BE PATIENT AND COMPASSIONATE WITH YOURSELF. IF YOU FIND THAT YOUR HEALTH ANXIETY IS PERSISTING OR WORSENING, IT'S CRUCIAL TO SEEK PROFESSIONAL GUIDANCE. YOUR MENTAL AND EMOTIONAL WELL-BEING IS IMPORTANT.

DISCLAIMER: THE INFORMATION PROVIDED IN THIS WORKSHEET IS FOR SELF-HELP AND INFORMATIONAL PURPOSES ONLY. IT IS NOT A SUBSTITUTE FOR PROFESSIONAL MEDICAL OR PSYCHOLOGICAL ADVICE, DIAGNOSIS, OR TREATMENT. IF YOU BELIEVE YOU MAY HAVE AN ILLNESS ANXIETY DISORDER OR IF YOUR HEALTH ANXIETY IS SIGNIFICANTLY IMPACTING YOUR LIFE, IT IS CRUCIAL TO SEEK GUIDANCE FROM A QUALIFIED MENTAL HEALTH PROFESSIONAL.