



## DISTRESS AND DISRUPTION WORKSHEET

Indicate the levels of Distress and Disruption caused by each problem on the next page.

**How much Distress has each problem caused?** Provide a rating on a scale of 0-8 for average level of Distress over the last couple of years. This rating is independent of frequency. In other words, you may not be affected by the problem all the time, but when you are impacted by the problem, how severe is the Distress? Distress can include many emotional experiences, such as stress, frustration, anger, sadness, fear, and agitation. It can also include physical experiences, such as tight chest, breathing difficulty, eye twitch, restless sleep, and wound up feelings.

0      1      2      3      4      5      6      7      8  
*None*      *Tolerable*      *Painful*      *Causes*      *Unbearable*  
*anguish*

**How much Disruption has each problem caused?** Provide a rating on a scale of 0-8 for average level of Disruption over the last 1-2 years. When considering Disruption, you can think of these questions: Does the problem dictate what you do on any given day? How much of your mind is distracted by the problem? How often are you prevented from doing things because of the problem? Has it affected any of your relationships, dreams, or desires? Has the problem blocked you from the important things in life? Are you focused on changing/preventing/avoiding the problem instead of focused on what you want?

0      1      2      3      4      5      6      7      8  
*None*      *Some*      *A lot*      *Extreme*      *It is the boss*  
*amount*      *of me*

Adapted from the *Ratings of Distress and Disablement* in Acceptance & Commitment Therapy for Anxiety Disorders (Eifert, G. H., & Forsyth, J. P. (2005). New Harbinger.)

**DISTRESS**

0	1	2	3	4	5	6	7	8
<i>None</i>		<i>Tolerable</i>		<i>Painful</i>		<i>Causes</i>		<i>Unbearable</i>
						<i>anguish</i>		

**DISRUPTION**

0	1	2	3	4	5	6	7	8
<i>None</i>		<i>Some</i>		<i>A lot</i>		<i>Extreme</i>		<i>It is the boss</i>
						<i>amount</i>		<i>of me</i>

**Problem**

**Distress (0-8)**

**Disruption (0-8)**

Obsessions/Compulsions	_____	_____
Panic attacks	_____	_____
Agoraphobia	_____	_____
Social anxiety	_____	_____
Specific phobias*	_____	_____
Analysis paralysis	_____	_____
Planning ahead	_____	_____
Preventing mistakes	_____	_____
Focusing on partner**	_____	_____
Other _____	_____	_____

\*Phobias can include fear/disgust/aversion to specific things, such as flying, driving, insects, animals, needles, heights, etc.

\*\*Critically focusing on the things your romantic partner does/does not do that is right or wrong

Write down a reflection of what it was like for you to fill out this worksheet.

Please save this worksheet. After your Client Portal has been established, Dr. Dug will ask you to upload this worksheet.