# Health checking diary

Use brief notes or estimates. Record selected examples afterwards; there is no need to monitor constantly.

Editable PDF: replace or delete the fictional examples. Blank PDF: print and write. Guidance follows.

**When and how often to record**

e.g. Record selected checks briefly for one week.

**ENTRY 1 - date / time: _____**

**Trigger / urge**

e.g. Noticed a familiar sensation.

**Check, search or reassurance**

e.g. Searched symptoms and asked my partner again.

**Time; immediate effect**

e.g. Twenty minutes; brief reassurance.

**Later effect / agreed care?**

e.g. More doubt later; this was extra checking beyond agreed care.

**ENTRY 2 - date / time: _____**

**Trigger / urge**

**Check, search or reassurance**

**Time; immediate effect**

**Later effect / agreed care?**

**Pattern noticed / next step**

e.g. Review what happens after reassurance wears off.


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# Using this resource

Health checking diary

## What this helps with

Checking may feel like a way to settle uncertainty, yet the urge often returns after a brief period of relief. A limited record can show this sequence and help choose a manageable treatment target. The aim is to understand the function of the behaviour, not to count every sensation. Keep clinician-advised monitoring clearly separate. Repeated mental reviewing, comparison and asking the same question in new ways may also be relevant.

## How to use it

1. Choose a short recording period, such as three days, and a brief daily review time.
2. Record the trigger and the extra check, search, reassurance request or mental review.
3. Estimate time spent and note what happened to the urge immediately and later.
4. Mark any clinician-advised care separately. Review one repeated pattern and a possible next step with your therapist.

## A fictional worked example

George notes that he searches a familiar symptom after seeing a health post. The first search takes ten minutes and brings relief for around five minutes. He then adds "but what if" details and spends another half-hour searching. His record also includes a blood-pressure check specifically requested by his clinician; this is marked as agreed care and is not a target for reduction. After three days, he can see that unplanned searches tend to grow without answering a new question. He chooses to discuss a small experiment on repeated searching, while continuing the monitoring schedule he has been given.

## Keep in mind

This is not a symptom-surveillance chart. Avoid extra physical checks for the purpose of filling it in. Do not reduce prescribed monitoring or needed help-seeking. If you cannot distinguish necessary care from anxiety-driven repetition, clarify a plan with your clinician before making changes.

## Sources and attribution

Warwick, H. M. C., & Salkovskis, P. M. (1990). Hypochondriasis. Behaviour Research and Therapy, 28(2), 105-117.

NHS. Health anxiety. Accessed 24 October 2026.

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