ANXIETY WORK SHEET

Name _____ Date _____

Average number and frequency of anxiety attacks _____

When did they first begin? _____

Are the feelings of anxiety and stress more ongoing, rather than specific attacks? . . . . . ❑

Describe _____

_____

Are you unrealistically or excessively anxious, worried, or apprehensive about two or more life circumstances? . . . . . ❑

Describe _____

_____

Do the attacks occur only in response to a dreaded object or situation referred to as simple or "specific" phobias? (For example: animals, blood (blood-injury phobia), closed spaces (claustrophobia), heights (acrophobia), freeway driving, and air travel . . . . . ❑

Describe _____

_____

Does excessive and intense anxiety occur whenever you are the focus of attention? . . . . . ❑

And, do you fear doing something that might lead to being humiliated or embarrassed in a social or public situation? . . . . . ❑

Describe _____

_____

Do you behave compulsively? (For example: hand-washing, counting, checking, and touching) . . . . . ❑

Do you also experience obsessive thinking that is intrusive and senseless? (For example: fear of violence or contamination) . . . . . ❑

Describe _____

_____

Are you plagued by memories of a traumatic event that produced intense fear, terror, and helplessness? (For example: a life-threatening situation, an accidental or natural disaster, physical violence) . . . . . ❑

Describe _____

_____

Please complete next page ➥

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Anxiety Work Sheet

At least six of the following symptoms are often present when anxious:

01. a. trembling . . . . . ❑
    b. twitching . . . . . ❑
    c. feeling shaky . . . . . ❑

02. a. muscle tension . . . . . ❑
    b. aches . . . . . ❑
    c. soreness . . . . . ❑

03. restlessness . . . . . ❑

04. tire easily . . . . . ❑

05. shortness of breath . . . . . ❑

06. rapid heart rate . . . . . ❑

07. a. sweating . . . . . ❑
    b. cold clammy hands . . . . . ❑

08. dry mouth . . . . . ❑

09. a. dizziness . . . . . ❑
    b. lightheadedness . . . . . ❑

10. a. nausea . . . . . ❑
    b. diarrhea . . . . . ❑
    c. other abdominal distress (describe) . . ❑

    _____

11. a. flushes (hot flashes) . . . . . ❑
    b. chills . . . . . ❑

12. frequent urination . . . . . ❑

13. trouble swallowing or "lump in throat" . . . ❑

14. feeling keyed up or on edge . . . . . ❑

15. startle too easily . . . . . ❑

16. difficulty concentrating . . . . . ❑

17. a. trouble falling asleep . . . . . ❑
    b. trouble staying asleep . . . . . ❑

18. irritability . . . . . ❑

Comments _____