

Anxiety Journal

Name:									
Date:	Time:								
Current anxiety level									
Rate your anxiety from 1-10:									
1	2	3	4	5	6	7	8	9	10
(1 = completely calm, 10 = most anxious you've ever felt)									
Physical sensations									
Check all that apply:									
Rapid heartbeat	Nausea								
Shallow breathing	Dizziness								
Sweating	Trembling								
Muscle tension	Other:								
Current situation									
What's happening right now?									
Where are you?									
Who are you with?									
Thought patterns									
What thoughts are going through your mind?									

Coping strategies

Check what you tried:

Deep breathing

Movement

Progressive muscle relaxation

Talking to someone

Grounding exercises

Engaging in distractions

Other:

How helpful was it on a scale of 1-10:

1

2

3

4

5

6

7

8

9

10

What kind of support do you need right now?

Notes and reflection

You can also use these prompts to get started:

- *"At this moment, I feel..."*
- *"My worry about [situation] is making me think..."*
- *"Three things I can control right now are..."*
- *"When I focus on my breathing, I notice..."*