

# Anxiety Worksheet for Adults

Name	Date
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**I. Possible Reasons Why I'm Feeling Anxious**  
Start by thinking about the reasons why you're feeling anxious and write them down

**II. How Intense is My Anxiety?**  
Rate the intensity of your anxiety on a scale of 1 to 5

1 - Barely noticeable: Anxiety is very mild and you can manage it easily.

2 - Mild: Anxiety is noticeable but not overwhelming. You may feel some discomfort or tension, but you can still function.

3 - Moderate: Anxiety is noticeable and starting to interfere with your ability to function normally. You may have physical symptoms and difficulty concentrating.

4 - Severe: Anxiety is intense and making it difficult to function. Physical symptoms may be more severe and you may feel like losing control.

5 - Overwhelming: Anxiety is completely taking over and you may feel like you can't function. Physical symptoms may be severe and you may feel like you have a panic attack.

**III. Physical Symptoms I'm Experiencing**  
Check all that apply from the list of symptoms provided or add any other symptoms you might be experiencing

<input type="checkbox"/> Heart Palpitations	<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Trembling or Shaking
<input type="checkbox"/> Sweating	<input type="checkbox"/> Chest Pain or Discomfort	<input type="checkbox"/> Headache
<input type="checkbox"/> Dizziness of Lightheadedness	<input type="checkbox"/> Nausea or Stomach Problems	<input type="checkbox"/> Muscle Tension or Pain
<input type="checkbox"/> Other, please specify:		

**IV. How Often Do I Experience Anxiety?**  
Determine how often you experience anxiety and choose the best option from the list provided or write your answer in the other category

Daily       Weekly       Monthly       Rarely       Others, please specify:

**V. What Are My Triggers for Anxiety?**  
Check the current coping strategies you use to manage anxiety. These could be distractions, exercise, mindfulness, talking to someone, or any other coping mechanism you use

<input type="checkbox"/> Specific situations or events	<input type="checkbox"/> Certain people or relationships
<input type="checkbox"/> Thoughts or memories	<input type="checkbox"/> Environmental factors (e.g., noise, lighting)
<input type="checkbox"/> Others, please specify:	

**VI. How Do I Currently Cope With Anxiety?**  
Check the current coping strategies you use to manage anxiety. These could be distractions, exercise, mindfulness, talking to someone, or any other coping mechanism you use

<input type="checkbox"/> Exercise	<input type="checkbox"/> Distractions	<input type="checkbox"/> Talking to someone	<input type="checkbox"/> Mindfulness or relaxation techniques
<input type="checkbox"/> Others, please specify:			

**VII. What Are Some Additional Coping Strategies I Can Try?**  
Write down additional coping strategies you can try or want to try to help manage your anxiety