

# Managing Anxiety Levels ACT Worksheet

## Patient Information

Name:

Date:

Therapist:

## Anxiety Assessment

Step 1: Identify Anxiety-Related Thoughts and Feelings

Anxiety-Triggering Situation

Anxiety-Related Thoughts

Anxiety-Related Feelings

## **Step 2: Acceptance and Defusion Techniques**

### **Acceptance**

### **Defusion**

## **Step 3: Values and Commitment Clarification**

### **Values Identification**

### **Commitment to Values**

## **Step 4: Mindfulness and Present-Moment Awareness**

### **Mindfulness Practice**

**Coping Strategies**

**Step 5: Weekly Anxiety Diary**

**Date:** \_\_\_\_\_

**Situation/Trigger:** \_\_\_\_\_

**Anxiety Level (0-10):** \_\_\_\_\_

**Thoughts and Beliefs:** \_\_\_\_\_

**Feelings and Sensations:** \_\_\_\_\_

**Actions Aligned with Values:** \_\_\_\_\_

**Step 6: Review and Adjustment**

**Review Progress**

**Homework Assignments**

**Patient's Signature:** \_\_\_\_\_

**Therapist's Signature:** \_\_\_\_\_