

WHAT MAKES ME ANXIOUS? A WORKSHEET

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To begin to decrease your anxiety, you must first identify as clearly as possible the triggers for your anxious feelings. This exercise can help you identify those causes.

1. **Circle each item that causes you to feel anxious.** To the left of each item you circle, please rank that item from 1 to 10 being very anxious, 5 being quite anxious, and 1 being not anxious at all.

| | | | | | |
|--|----------------------|--|----------------|--|-----------------|
| | Grades | | Death | | Complexion/zits |
| | Looks/appearance | | Being liked | | Being gay |
| | Accidents | | Criticism | | Mistakes |
| | Drugs | | Diseases | | War/disasters |
| | Being hurt | | Parents | | Failing |
| | Money | | Looking stupid | | Evil |
| | Being alone | | The future | | Tests |
| | Storms/dark | | divorce | | Arguing/yelling |
| | Monsters/bugs/snakes | | Strangers | | Other |

2. **How does your level of anxiety about these things compare** to the anxiety of your friends, family, or others regarding the same things? Circle what applies to you.

Less anxious A little more anxious More anxious Much more anxious

3. **How do you respond to the anxiety you feel?** Check all that apply.

| | | |
|--|--|--|
| <input type="checkbox"/> feel sick to my stomach | <input type="checkbox"/> freeze up | <input type="checkbox"/> heart races |
| <input type="checkbox"/> hyperventilate | <input type="checkbox"/> run away | <input type="checkbox"/> feel hot all over |
| <input type="checkbox"/> laugh/cry | <input type="checkbox"/> panic | <input type="checkbox"/> get angry |
| <input type="checkbox"/> bit my nails | <input type="checkbox"/> get a headache | <input type="checkbox"/> shake |
| <input type="checkbox"/> hands sweat | <input type="checkbox"/> try to think or do something else | <input type="checkbox"/> start talking |

4. **List all of the ways – good and bad – you have tried to cope** with or handle the two items that make you the most anxious:

5. **Using your list, write below the issue you rate as making you the most anxious.**

6. **Which coping strategy has helped you the most in dealing with that anxiety?**

7. **Rate how effective your good coping strategy was:**

Very | Quite Effective | Effective | Somewhat Effective | Not Effective

8. For the next week, make a commitment to use the strategy noted in #6 above each time you experience the specific identified anxiety and record the effectiveness of each time you use it to reduce your anxiety. Each line below can be used to record a day's worth of coping .You can put a dot or "x" each time you use the coping strategy that day.

| | | | | |
|------|-----------------|-----------|--------------------|---------------|
| Very | Quite Effective | Effective | Somewhat Effective | Not Effective |
| Very | Quite Effective | Effective | Somewhat Effective | Not Effective |
| Very | Quite Effective | Effective | Somewhat Effective | Not Effective |
| Very | Quite Effective | Effective | Somewhat Effective | Not Effective |
| Very | Quite Effective | Effective | Somewhat Effective | Not Effective |
| Very | Quite Effective | Effective | Somewhat Effective | Not Effective |
| Very | Quite Effective | Effective | Somewhat Effective | Not Effective |

Dr. Jane Bolton, a marriage and family therapist, master results coach and contemporary psychoanalyst is dedicated to supporting people in the fullest expression of their Authentic Selves. This includes Discovery, Understanding, Acceptance, Expression, and Self Esteem. Call 310.838.6363 or visit www.Dr-Jane-Bolton.com