

Anxiety Triggers Worksheet

CLIENT INFORMATION

Date: _____ dd / mm / yyyy Name: _____

Instructions: Rate each trigger from 1-10 based on how anxious each makes you. Legend: 0-1: Calm or Relaxed 2-4: A little anxious or tense 5-7: Anxious, Worried, Overwhelmed 8-10: Extremely Anxious, Panicked

TRIGGERS

Conflicts within relationships (e.g., family, friends, partner)

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1 2 3 4 5 6 7 8 9 10

Large crowds

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1 2 3 4 5 6 7 8 9 10

Meeting someone new

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1 2 3 4 5 6 7 8 9 10

Going to new places

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1 2 3 4 5 6 7 8 9 10

Making a Mistake/Failure

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1 2 3 4 5 6 7 8 9 10

Having a lot that needs to be done

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1 2 3 4 5 6 7 8 9 10

Loud noises

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1 2 3 4 5 6 7 8 9 10

Raised voices

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1 2 3 4 5 6 7 8 9 10

Being bullied

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1 2 3 4 5 6 7 8 9 10

Someone close to you getting sick

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1 2 3 4 5 6 7 8 9 10

Not knowing how or what to do about something

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1 2 3 4 5 6 7 8 9 10

Thinking about the past or future

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1 2 3 4 5 6 7 8 9 10

Your appearance

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1	2	3	4	5	6	7	8	9	10

Performing or presenting in front of a group or crowd

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1	2	3	4	5	6	7	8	9	10

Being alone or being with myself for a long time

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1	2	3	4	5	6	7	8	9	10

Not feeling ready for something

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1	2	3	4	5	6	7	8	9	10

Being in tight spaces

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1	2	3	4	5	6	7	8	9	10

Being in open spaces

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1	2	3	4	5	6	7	8	9	10

Going to work/school

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1	2	3	4	5	6	7	8	9	10

Changes in my routine or life

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1	2	3	4	5	6	7	8	9	10

Apologizing or admitting my mistakes

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1	2	3	4	5	6	7	8	9	10

Working with others

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1	2	3	4	5	6	7	8	9	10

Feeling left out

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1	2	3	4	5	6	7	8	9	10

Social media

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1	2	3	4	5	6	7	8	9	10

Slow or no replies to messages

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1	2	3	4	5	6	7	8	9	10

Watching the news

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1	2	3	4	5	6	7	8	9	10

Being separated from my phone

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1	2	3	4	5	6	7	8	9	10

Finances

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1

2

3

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5

6

7

8

9

10

Other: _____ Other: _____

Other: _____

Which of the ones listed above triggers your anxiety often?

What are your coping skills to manage the triggers? How are you coping? Are your strategies effective or not? What can you to work on your strategies?