Fear Hierarchy Worksheet

Name: _____ Date: _____ dd / mm / yyyy

Describe the specific fear or anxiety you'll be working on:

Identify 10 activities related to your fear. Rank them from most fearful (10) to least fearful (1). Use 5 as a medium level of difficulty.

Activity 1:

Activity 2:

Activity 3:

Activity 4:

Activity 5:

Activity 6:

Activity 7:

Activity 8:

Activity 9:

Activity 10:

What specific aspects of these situations trigger your fear?

What patterns have you observed in the activities you ranked higher vs. lower?

What are the small steps I can take to prepare?

What are the resources and support I might need?

How will I know I'm ready to move to the next level?