

Anxiety Work Sheet

Name _____ Date _____

Average number and frequency of anxiety attacks _____

When did they first begin? _____

Are the feelings of anxiety and stress more ongoing, rather than specific attacks? _____

Describe _____

Are you unrealistically or excessively anxious, worried, or apprehensive about two or more life circumstances? _____

Describe _____

Do the attacks occur only in response to a dreaded object or situation referred to as simple or "specific" phobias? (For example: animals, blood (blood-injury phobia), closed spaces (claustrophobia), heights (acrophobia), freeway driving, and air travel heights (acrophobia) freeway driving, and air travel)

Describe _____

Does excessive and intense anxiety occur whenever you are the focus of attention? _____

And, do you fear doing something that might lead to being humiliated or embarrassed in a social or public situation? _____

Describe _____

Do you behave compulsively? (For example: hand-washing, counting, checking, and touching) _____

Do you also experience obsessive thinking that is intrusive and senseless? (For example: fear of violence or contamination) _____

Describe _____

Are you plagued by memories of a traumatic event that produced intense fear, terror, and helplessness? (For example: a life-threatening situation, an accidental or natural disaster, physical violence)? _____

Describe _____

Please turn the page over and complete the work sheet



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