



ANXIETY SELF-ASSESSMENT

Date :

Time :

What situation triggered your anxiety?

What coping strategies did you try?

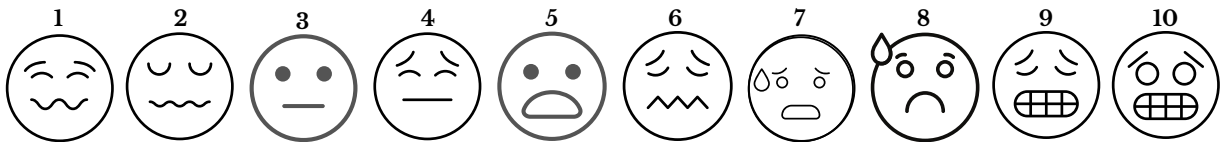
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What are your symptoms?

How anxious are you feeling?



What are your thoughts?
How would you approach this situation in the future?
