

Name : _____ Date : _____

Physician Name: _____

Social Anxiety

Direction: Through this worksheet, you must fill the column according to each instruction!

Situation <i>Describe the situation that has triggered your anxiety!</i>	Anxious Thoughts <i>What did you think would happen in this situation?</i>	Emotions <i>How did you feel during the situation?</i>	Regulated Thoughts <i>Challenge your anxious thoughts by writing down counteractive thoughts.</i>