

Name : _____ Date : _____

Anxiety Check-In Worksheet

Instructions: Take a few minutes to reflect and fill in each section honestly.

1. What am I feeling right now?

2. What is causing this feeling?

3. What thoughts are in my mind?

4. Are these thoughts 100% true?

Yes No Not sure

If not, what is a more realistic thought?

5. How is my body reacting?
