

ANXIETY - I

My Name _____

Date _____

FOR DEMONSTRATION ONLY

Use colors to draw where you feel anxiety in your body.

What makes me anxious?



FOR DEMONSTRATION ONLY

What are three things I can do to deal with my anxiety?

1. _____

2. _____

3. _____

Is there evidence to support my anxiety? (circle) YES NO

If Yes, what is it? _____
