

ANXIETY-2

My Name _____

Date _____

Please color in each bar to show how much you are currently experiencing each feeling. Feel free to choose a color that corresponds with each feeling.

A LITTLE

A LOT

Agitation

Tired

No Appetite

Trouble Sleeping

Can't Concentrate

Worrying a Lot

Want to Stay Home / Away From Others

Afraid Something Bad Will Happen

What could be contributing to these feelings?

What skills could I use to work through these feelings?
