



WORRY-I

My Name _____

Date _____



1. Everyone has worries from time-to-time. It's healthy to identify what you are worried about and find ways to move past the worry. Are you worried about any of the following: *(Circle all that apply)*

- | | | |
|------------|-------------------|----------------------|
| Family | Upsetting Someone | Peers |
| Rules | Getting Hurt | Being Teased/Bullied |
| Fitting-in | School Work | A Family Member |
| Illness | Grades | Friendships |
| Safety | Moving | Money |



2. How does your body feel when you are worried? *(Circle all that apply)*

- | | | |
|----------------|----------|---------|
| Upset Stomach | Headache | Shaking |
| Fast Heartbeat | Hot | Weak |



3. What can you do to cope with or control your worry? _____
