

WHAT MAKES ME ANXIOUS

To begin to decrease your anxiety, you must identify as clearly and specifically as possible the causes for your anxious feelings. This exercise can help you identify those causes.

1. Circle each item that causes you to feel anxious. To the left of each item you circle, please rank that item from 1 to 10, with 10 being very anxious, 5 being quite anxious, and 1 being not anxious at all.

<input type="checkbox"/> Grades	<input type="checkbox"/> Death	<input type="checkbox"/> Complexion/zits
<input type="checkbox"/> Looks/appearance	<input type="checkbox"/> Being liked	<input type="checkbox"/> Being gay
<input type="checkbox"/> Accidents	<input type="checkbox"/> Criticism	<input type="checkbox"/> Mistakes
<input type="checkbox"/> Drugs	<input type="checkbox"/> Diseases	<input type="checkbox"/> War/disasters
<input type="checkbox"/> Being hurt	<input type="checkbox"/> Parents	<input type="checkbox"/> Failing
<input type="checkbox"/> Money	<input type="checkbox"/> Looking stupid	<input type="checkbox"/> Evil
<input type="checkbox"/> Being alone	<input type="checkbox"/> Accidents	<input type="checkbox"/> Tests

2. How does your level of anxiety about these things compare to the anxiety of your friends, family, or others regarding the same things?

<input type="checkbox"/> Less anxious	<input type="checkbox"/> More anxious
<input type="checkbox"/> A little more anxious	<input type="checkbox"/> Much more anxious

Explain your response: _____

3. How do you respond to the anxiety you feel? Check all that apply.

<input type="checkbox"/> Feel sick to my stomach	<input type="checkbox"/> Hyperventilate	<input type="checkbox"/> Laugh/cry
<input type="checkbox"/> Bite my nails	<input type="checkbox"/> Panic	<input type="checkbox"/> Feel hot all over
<input type="checkbox"/> Freeze up	<input type="checkbox"/> Get a headache	<input type="checkbox"/> Get angry
<input type="checkbox"/> Run away	<input type="checkbox"/> Heart races	<input type="checkbox"/> Shake

4. List all of the ways—good and bad—you have tried to handle or cope with the two items you ranked highest.

5. From the first list, write down the issue you rate as making you the most anxious.

6. What coping strategy has helped you the most in dealing with that anxiety?

7. Rate how effective your good coping strategy was.

Very Quite effective	Effective effective	Somewhat	effective	Not effective
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8. For the next week, make a commitment to use the strategy noted in item 6 above each time you experience the specific identified anxiety and record the effectiveness of each time you use it to reduce your anxiety.

1.

Very Quite effective	Effective effective	Somewhat	effective	Not effective
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2.

Very Quite effective	Effective effective	Somewhat	effective	Not effective
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3.



VeryQuite Effective Somewhat effective Not effective

4.



VeryQuite Effective Somewhat effective Not effective

9. Take this homework sheet to your next session and process the results of your week of using the strategy with your therapist to receive his/her feedback and help in modifying the strategy if needed to make it more effective. Also explore using this method to reduce anxiety related to another issue.