

ANXIETY CHECK-IN

DATE:

EVENT OR SITUATION:

HOW DID THAT MAKE ME FEEL?

DID I RESPOND THE WAY I WANTED?

YES

NO

WHAT AUTOMATIC THOUGHTS DID I USE?

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HOW DID I RESPOND?

WHAT TRIGGERED MY RESPONSES?

WHAT I WOULD LIKE TO DO NEXT TIME
SOMETHING LIKE THIS HAPPENS:
