

Anxiety Pattern Finder

Child's Name: _____ Month/Year: _____

Use this worksheet to look for patterns in your child's behavior. Look at the details you've logged recently in your child's anxiety tracker. Two to three weeks of entries may be enough to help you spot some trends. Finding patterns can also help you start looking for ways to ease your child's worries.

Timing

When does your child tend to get anxious?

- ☐ In the morning before school
- ☐ At school
- ☐ After school before dinner
- ☐ After dinner before bedtime
- ☐ Around mealtimes
- ☐ Bedtime
- ☐ Weekends

Other: _____

Frequency

How many days a week does your child seem to:

- _____ Worry a lot about school
- _____ Worry a lot about social situations
- _____ Worry a lot about other things
- _____ Feel overly angry or irritable
- _____ Get distracted easily
- _____ Have trouble sleeping
- _____ Be tired or restless during the day

Physical signs

What signs have you observed when your child is feeling very anxious?

- ☐ Faster heartbeat or trouble breathing
- ☐ Light-headed or weak in the knees
- ☐ Headache or stomachache
- ☐ Shaky voice, dry mouth or lump in throat
- ☐ Sweaty hands or face that feels hot
- ☐ Urgent need to go to the bathroom

Other: _____

Other: _____

Negative outcomes

What tends to happen when your child's feelings are very intense?

- ☐ Rips up or refuses to do homework
- ☐ Refuses to go to school
- ☐ Has tantrums or meltdowns
- ☐ Doesn't eat much
- ☐ Is unfriendly, rude or socially withdrawn

Other: _____

Other: _____

Possible triggers

What have you noticed makes your child anxious?

- ☐ Being away from a parent or caregiver
- ☐ Going somewhere new, noisy or crowded
- ☐ Interacting with siblings and/or peers
- ☐ Doing a task in front of other people
- ☐ Doing homework and/or taking tests
- ☐ Reacting to social media, TV shows or movies
- ☐ Thinking about germs, disease or illness
- ☐ Thinking about snakes, spiders, etc.

Other: _____

Other factors

What else might be adding to your child's worries?

- ☐ Academic struggles
- ☐ Family changes (divorce, new sibling, etc.)
- ☐ Sick relative
- ☐ Caregivers' stress levels
- ☐ Relationship with siblings
- ☐ TV very loud and/or always on

Other: _____

Other: _____