

Anxiety Tracker

Child's Name: _____ Month/Year: _____

Use this worksheet to note key details about times when your child became anxious. Because a caregiver's reactions can affect a child's behavior, rate how stressed you or your child's caregiver felt during these times.

Timing	Setting	Signs	Outcome	Child rating	Caregiver rating
<ul style="list-style-type: none">• Time of day• Day of week• Date	What was happening just before your child began to feel anxious?	Which physical, emotional or behavioral signs of anxiety did you see?	What helped your child calm down? How long did it take to calm down?	How intense were your child's anxious feelings? (1=low, 10=high)	How stressed was your child's caregiver at this moment? (1=low, 10=high)