

Anxiety can be experienced when we see or come across something associated with a previous traumatic experience. So a way to notice the link between behaviours, thoughts and sensations is to keep a record.

Keeping a record will help you to learn about the relationship between what triggers your anxiety, how long it lasts and symptoms / sensations you may feel.

Looking at behaviours and situations which make you feel anxious and the symptoms and sensations that you feel will help you to know where to start making changes so that you can start to manage your anxiety. Also, your record can be used as a tool with your counsellor so that your progress can be monitored.

The record is a step to get you in the habit of noticing the details of your anxiety where, when and how anxiety appears. It is your baseline for helping you to manage your anxiety.

Over the next week, use the chart to record the times you feel anxious. Record where you were, who you were with and how you felt. You may like to take your record sheets with you when you visit your doctor and / or counsellor so that you can discuss them together.

Source: Better Health Channel – www.betterhealth.vic.gov.au
Dupont, Robert L. MD., Dupont, Spencer, Elizabeth. MSW., Dupont, Caroline M, MD., The Anxiety Cure. An Eight-Step Program for Getting Well, John Wiley & Sons Inc., Hoboken, New Jersey. 2003 2nd Edition

Record of Anxiety

Date: _____ Time: _____ am/pm Location: _____

With: Friend/s Class Parent/s Alone Team

How Long Did It Last? _____

Intensity Scale

0	1	2	3	4	5	6	7	8
Mild				Moderate				Extreme

Sensations: (tick)

<input type="checkbox"/> Pounding heart	<input type="checkbox"/> Choking	<input type="checkbox"/> Tight / Painful chest
<input type="checkbox"/> Sweating	<input type="checkbox"/> Feel Sick	<input type="checkbox"/> Fear of Fainting
<input type="checkbox"/> Breathless	<input type="checkbox"/> Trembling	<input type="checkbox"/> Fear of going crazy
<input type="checkbox"/> Numb	<input type="checkbox"/> Tingling	<input type="checkbox"/> Fear of Dying
<input type="checkbox"/> Cold	<input type="checkbox"/> Dizzy	
<input type="checkbox"/> Hot	<input type="checkbox"/> Unreality	

This fact sheet has been developed to provide general information to victims of crime. It is not intended as a replacement for medical, therapeutic or legal advice. If you have particular concerns please contact your general practitioner, counsellor or Victim Support Service.

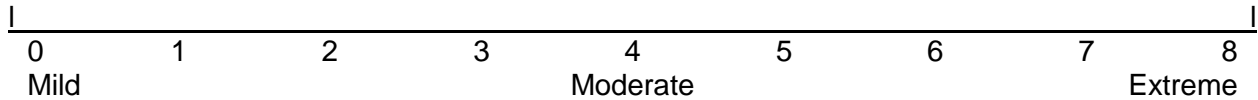
Record of Anxiety

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With: Friend/s Class Parent/s Alone Team

How Long Did It Last? _____

Intensity Scale



Sensations: (tick)

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Pounding heart | <input type="checkbox"/> Choking | <input type="checkbox"/> Tight / Painful chest |
| <input type="checkbox"/> Sweating | <input type="checkbox"/> Feel Sick | <input type="checkbox"/> Fear of Fainting |
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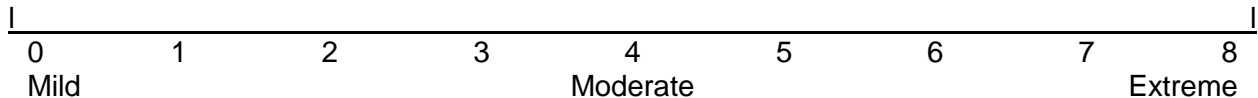
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