

Anxiety pattern finder

Look at your notes in the anxiety tracker to find patterns in your child's behavior. Two to three weeks of entries may be enough to help you spot trends.

Timing	Frequency
<p>When does your child tend to get anxious?</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the morning before school <input type="checkbox"/> At school <input type="checkbox"/> After school before dinner <input type="checkbox"/> After dinner before bedtime <input type="checkbox"/> Around mealtimes <input type="checkbox"/> Bedtime <input type="checkbox"/> Weekends <p>Other: _____</p>	<p>How many days a week does your child:</p> <ul style="list-style-type: none"> ___ 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 ___ Get tired or restless during the day
Physical signs	Negative outcomes
<p>What physical signs have you noticed?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Faster heartbeat or trouble breathing <input type="checkbox"/> Light-headed or weak in the knees <input type="checkbox"/> Headache or stomachache <input type="checkbox"/> Shaky voice, dry mouth, or lump in throat <input type="checkbox"/> Sweaty hands or face that feels hot <input type="checkbox"/> Urgent need to go to the bathroom <p>Other: _____</p>	<p>What happens when your child feels anxious?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Rips up or refuses to do homework <input type="checkbox"/> Refuses to go to school <input type="checkbox"/> Has tantrums or meltdowns <input type="checkbox"/> Doesn't eat much <input type="checkbox"/> Is unfriendly, rude, or withdrawn <p>Other: _____</p> <p>Other: _____</p>
Possible triggers	Other factors
<p>What makes your child anxious?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Being away from a parent or caregiver <input type="checkbox"/> Going somewhere new, noisy, or crowded <input type="checkbox"/> Interacting with siblings and/or peers <input type="checkbox"/> Doing a task in front of other people <input type="checkbox"/> Doing homework and/or taking tests <input type="checkbox"/> Reacting to social media, TV, or movies <input type="checkbox"/> Thinking about germs, disease, or illness <input type="checkbox"/> Thinking about snakes, spiders, etc. <p>Other: _____</p>	<p>What might be adding to your child's worries?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Academic struggles <input type="checkbox"/> Family changes (divorce, new sibling, etc.) <input type="checkbox"/> Sick relative <input type="checkbox"/> Caregivers' stress levels <input type="checkbox"/> Relationship with siblings <input type="checkbox"/> TV very loud and/or always on <p>Other: _____</p> <p>Other: _____</p>

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