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| --- | --- | --- | --- | --- | --- | --- |
| Time  | Day | Situation/Place | Thoughts | Feelings | Body Sensations | Your response, Comments |
| **EX: 8:30pm** | **Sunday, September 17, 2017** | **At Home in bed, trying to sleep** | **“I don’t want to go to work tomorrow”** | **Panic, stress, anxiety** | **Fast heart beat,****Fast breathing** | **Tried deep breathing, -Works for 10 minutes** |
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**ANXIETY TRACKER**