

## Quiz: Which Types of Anxiety Do You Suffer From?

Circle the number next to any of the questions to which you answer yes.

1. Do you feel panicky when separated from your home or the people who are important to you?
2. Do you experience sudden fear when you're in a car, in an airplane, in a tunnel, on a bridge, or in an enclosed space?
3. Do you spend a lot of time thinking about what you are going to say or how you are going to act in social situations?
4. Do you have sudden strange or detached feelings, or a sense that something's not real?
5. Do you feel anxious, worried, or nervous in crowds, in public places, while using public transportation, or when traveling far away from home?
6. Do you worry a lot about bad things happening—such as an accident, a family tragedy, or getting sick?
7. Do you check things over and over to make sure something bad does not happen?
8. Do you think something terrible might happen to people who are important to you when you're away from them?
9. Do you feel panicky around certain animals or insects?
10. Do you have difficulty speaking up in a meeting or class?
11. Do you have thoughts of losing control, dying, going crazy, or other bad things happening because of a panic attack?
12. Do you have thoughts about panic attacks, uncomfortable physical sensations, getting lost, or being overcome by fear when you're around a lot of people, traveling alone, or away from home?
13. Do you worry about getting bad grades or getting in trouble at school?
14. Do you worry about contamination from dirt, germs, or things that might be toxic or poisonous?
15. Do you avoid going places or spending the night away from your home or the people who are important to you?
16. Do you feel frightened by heights, storms, or water?

17. Do you panic at the prospect of giving a report or presentation to a group?
18. Do you sometimes experience—suddenly and for no apparent reason—a racing heart, sweating, trouble breathing, faintness, or shakiness?
19. Do you remain close to exits in places such as classrooms and movie theaters, or when using public transportation?
20. Do you feel tense and restless much of the time, or have trouble relaxing or going to sleep?
21. Do you have a strong need for things to be even, symmetrical, or “just right”?
22. Do you call or text people who are important to you to check that they are okay?
23. Do you feel panicky or faint at the sight of blood or needles?
24. Do you feel extremely uncomfortable starting or joining a conversation?
25. Do you leave situations early because of panic attacks?
26. Do you avoid situations in which you might feel trapped—such as being a passenger in a car or stuck in a line?
27. Do you have difficulty concentrating due to worry and anxiety?
28. Do you feel troubled by forbidden sexual or religious thoughts?
29. Do you spend a lot of time worrying or thinking about being away from people you are close to?
30. Do you frequently worry about choking or vomiting?
31. Do you avoid calling or texting someone you don’t know very well?
32. Do you feel worried or nervous about having more panic attacks?
33. Do you worry you might have diarrhea or vomiting and you won’t be able to get to a bathroom in time?
34. Do you have frequent stomachaches or headaches?
35. Do you need to repeat a word or action until it feels just right?
36. Do you have thoughts about causing harm to yourself or someone else that make you feel anxious?

Now go through the lists below and put a check mark next to the numbers that you circled. The more checkmarks you have under a specific category, the more likely you are to have that type of anxiety.

**Separation Anxiety**

- 1
- 8
- 15
- 22
- 29

**Panic**

- 4
- 11
- 18
- 25
- 32

**Generalized Anxiety**

- 6
- 13
- 20
- 27
- 34

**Specific Phobias**

- 9
- 16
- 23
- 30

**Agoraphobia**

- 2
- 5
- 12
- 19
- 26
- 33

**Obsessive-Compulsive Disorder**

- 7
- 14
- 21
- 28
- 35
- 36

**Social Anxiety**

- 3
- 10
- 17
- 24
- 31

## Spot the Thought

*Anxious situation:*

*What am I afraid of?*

*What is the worst that could happen if this comes true?*

*What would this mean about me, my life, or my future?*

Monkey Miscalculations:

- Catastrophizing (assuming the worst possible outcome)
- Discounting the positive (ignoring what went well)
- Labeling (putting a negative name on yourself)
- Mind reading (guessing what others are thinking or will think)
- Perfectionism (setting a standard for yourself that you would not set for someone else)
- Intolerance of uncertainty (inability to accept risk)

## Alternative Thoughts

Catastrophizing: *What's really likely to happen?*

Discounting the positive: *What went well? What did I do that was okay?*

Labeling: *Does this label apply to me all the time, in all situations?*

Mind reading: *What evidence do I have that this is what people are actually thinking?*

Perfectionism: *Am I expecting more of myself than I would expect of someone else?*

Intolerance of uncertainty: *What is the cost I am paying to eliminate all risk from my life?*

# Life Compass

*What are you missing out on because of your anxiety?*

| What are you avoiding? | How important is it to you?<br>3 = Very important<br>2 = Important<br>1 = Not important |
|------------------------|---|
|                        |   |
|                        |   |
|                        |   |
|                        |   |
|                        |   |
|                        |   |

## Spot the Thought for Social Anxiety

*Anxious situation:*

*What am I afraid of?*

*What would this mean about me, or about what others would think of me?*

*What is the worst that could happen if this were true?*

Monkey Miscalculations:

- Mind reading (guessing what others are thinking or will think)
- Catastrophizing (assuming the worst possible outcome)
- Perfectionism (setting a standard for yourself that you would not set for someone else)
- Labeling (putting a negative name on yourself)
- Intolerance of uncertainty (inability to accept risk)

## Who, What, Where for Social Anxiety

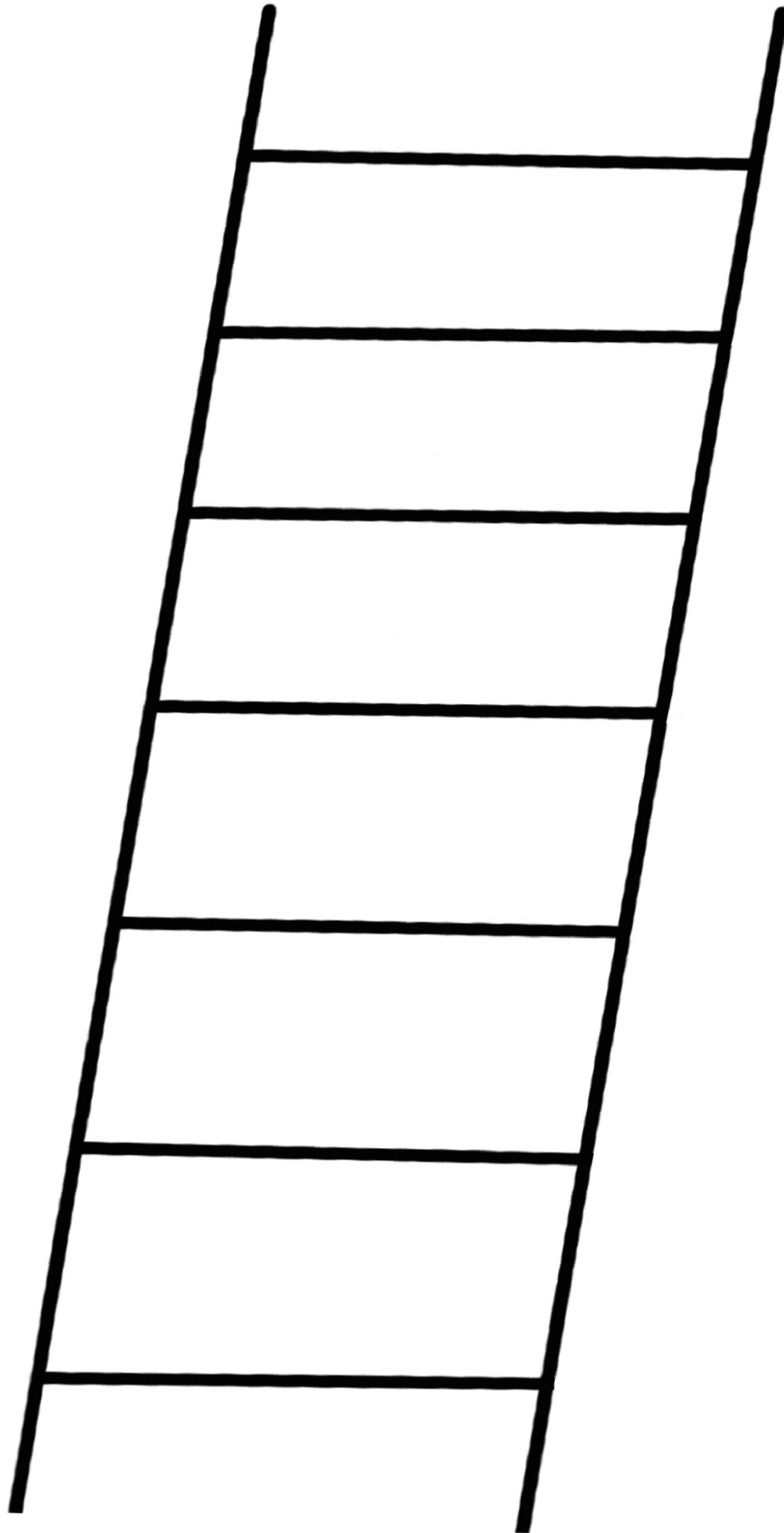
Who are the people you have been avoiding? Rate each person on a 1-to-10 scariness scale, with 10 equaling most scary.

What will you say to them?

Where will you do this?



# Challenge Ladder



## Realistic Goal

What is a realistic goal for this challenge? What can I accomplish even though I feel anxious?

Did I meet my realistic goal? How?

## Alternative Thoughts for Panic

Think of the worst panic attack you ever had.

| Check off the sensations that you experienced  | Monkey miscalculation for each sensation that you checked off | Alternative thought. What does the sensation really mean? |
|--|---|---|
| <input type="checkbox"/> Dizzy or light-headed   |   |   |
| <input type="checkbox"/> Increased heart rate, heart palpitations, tightness in chest                      |   |   |
| <input type="checkbox"/> Difficulty breathing  |   |   |
| <input type="checkbox"/> Tingling or numbness in your face, hands, and feet                                |   |   |
| <input type="checkbox"/> Nausea, nervous stomach, intestinal cramping or diarrhea, dry mouth or gag reflex |   |   |
| <input type="checkbox"/> Vision changes or feelings of unreality   |   |   |
| <input type="checkbox"/> Hot and sweaty  |   |   |
| <input type="checkbox"/> Cold and clammy   |   |   |
| <input type="checkbox"/> Other sensation:  |   |   |

## Challenge Ladder for Panic

| Check sensation you get with panic  | Rate checked sensations on a 1 to 10 scale with 10 equaling most scary | Make a ladder from least scary to most scary sensation |
|---|--|--|
| <input type="checkbox"/> Dizzy or light-headed<br><br><input type="checkbox"/> Increased heart rate, heart palpitations, tightness in chest<br><br><input type="checkbox"/> Difficulty breathing<br><br><input type="checkbox"/> Tingling or numbness in your face, hands, and feet<br><br><input type="checkbox"/> Nausea, nervous stomach, intestinal cramping or diarrhea, dry mouth or gag reflex<br><br><input type="checkbox"/> Vision changes or feelings of unreality<br><br><input type="checkbox"/> Hot and sweaty<br><br><input type="checkbox"/> Cold and clammy<br><br><input type="checkbox"/> Other sensation: |  |  |

## Spot the Thought for Phobias

*Anxious situation:*

*What am I afraid of?*

*What is the worst that could happen?*

Monkey Miscalculations:

- Catastrophizing (assuming the worst possible outcome)
- Discounting the positive (ignoring what went well)
- Intolerance of uncertainty (inability to accept risk)

## Collect the Data on Your Phobia

| Date | What triggered your phobia? | What was your monkey mind's prediction of what would happen? | What actually happened? |
|------|-----------------------------|--|-------------------------|
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## Spot the Thought for Generalized Anxiety

*Anxious situation:*

*What am I afraid of?*

*What is the worst that could happen if this were true?*

*What would this mean about me, my life, or my future?*

Monkey Miscalculations:

- Catastrophizing (assuming the worst possible outcome)
- Intolerance of uncertainty (inability to accept risk)
- Discounting the positive (ignoring what went well)
- Labeling (putting a negative name on yourself)
- Mind reading (guessing what others are thinking or will think)
- Perfectionism (setting a standard for yourself that you would not set for someone else)

# Evidence For and Against, for Generalized Anxiety

What is something that you are currently worried about? (You can take a worry from your Spot the Thought worksheet.)

What evidence do you have that this thought is true? (Remember to stick with the facts.)

What evidence do you have that this thought is not 100 percent true?

What is an alternative thought? (You can take what is most true from evidence for and evidence against to come up with a more balanced and accurate thought.)

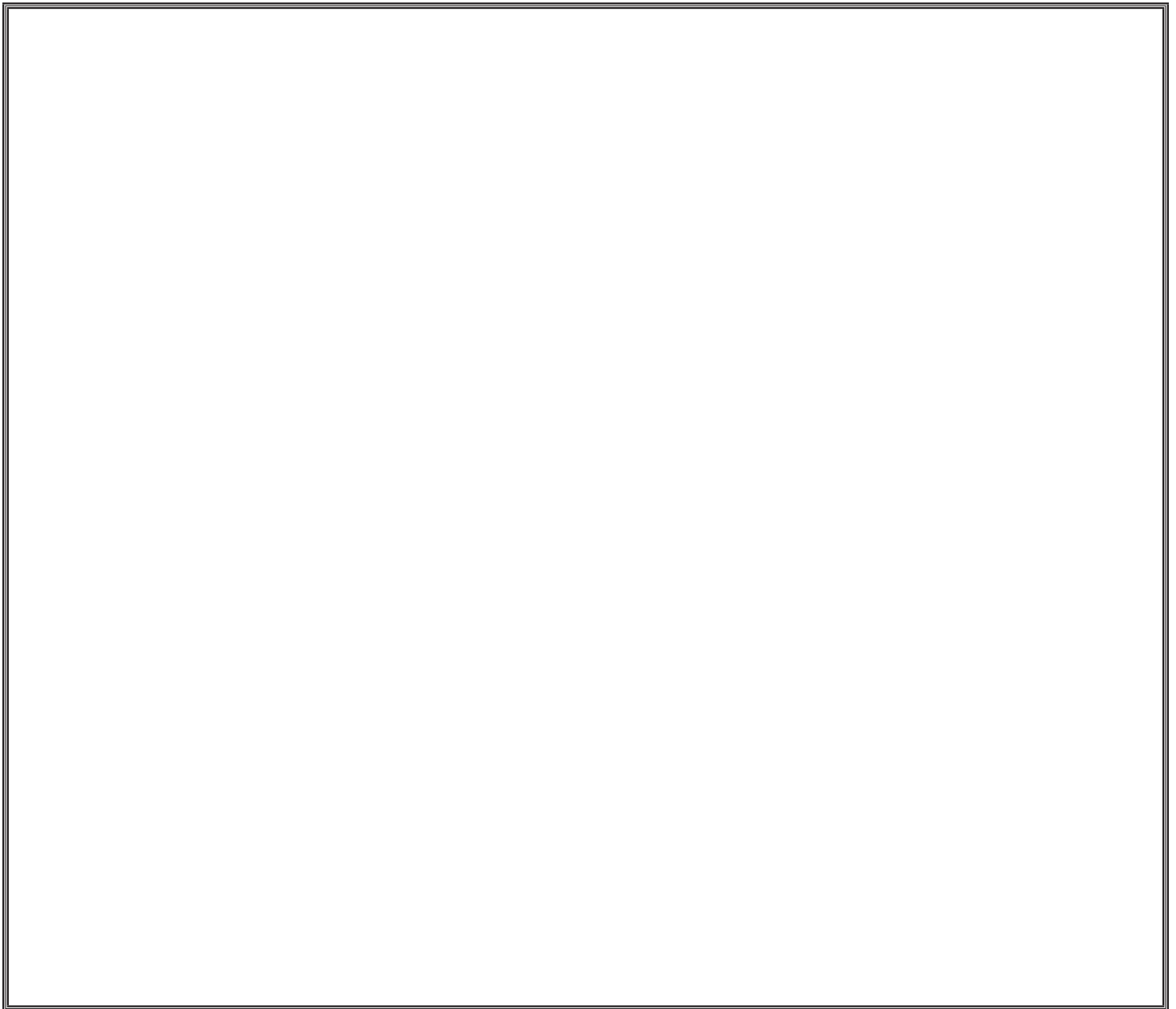


# Worry Time

Pick a worry and write a paragraph about it, answering the following questions:

1. What am I afraid of?
2. What is the worst that could happen if this were true?
3. What would this mean about me, my life, or my future?

Once you have written your paragraph, set a timer for fifteen minutes and worry as hard as you can until the timer goes off.

A large, empty rectangular box with a thin black border, intended for the user to write a paragraph in response to the questions above.

## Spot the Thought for Separation Anxiety

*Anxious situation:*

*What am I afraid of?*

*What is the worst that could happen?*

Monkey Miscalculations:

- Catastrophizing (assuming the worst possible outcome)
- Intolerance of uncertainty (inability to accept risk)

## Alternative Thoughts for Separation Anxiety

Catastrophizing: *What's really likely to happen?*

Intolerance of uncertainty: *What is the cost I am paying to eliminate all risk from my life?*

## Worst-Case Scenario

Write out an imaginary scenario of what you are most afraid of. To make it sound real, write it in the present tense. Good questions to ask yourself are:

1. What am I afraid will happen?
2. What is the worst thing that could happen?
3. What would this mean about me, my life, or my future?

You can refer back to Maria's worst-case scenario in chapter 10 as an example.

Once you have identified your core fear(s), write a paragraph in vivid detail about what it would look like if it were to come true. Record this onto your phone and listen to it for twenty minutes a day. Remember to accept whatever feelings come up with a welcoming breath. The more you do it the easier it will become. You can discontinue doing it once your anxiety reduces to a 3 or below on a 1-to-10 scale, with 10 being most scary.

## Core Fear Scenario

What is your core fear? Here are some good questions to ask yourself:

1. What am I afraid will happen if I don't avoid my trigger and don't do any compulsions?
2. What is the worst thing that could happen?
3. What would this mean about me, my life, or my future?

Once you have identified your core fear(s), write a paragraph about what it would look like if the fear were to come true. Include lots of vivid details: where you are, whom you are with, how you are feeling, and what is happening. You can refer back to Shaneesha's core fear scenario in chapter 11 as an example of how to do this.