

Fear Worksheet

On a scale of 1- 10, what level of fear do you feel in this moment or in the memory you are working with:

1 2 3 4 5 6 7 8 9 10

Where in your body do you feel this fear?

Head Throat Heart Stomach Lower belly Legs Hands

Other: please describe

Please describe what the actual sensations are:
(racing heart, tight belly, sweat palms, shaky voice, tight throat, etc)

In general, what I am afraid of is:

Take the general feeling of fear and make it specific:

Specifically, I am afraid that this person, . . .

will do this behavior . . .

in this place . . .

at this time . . .

Define what need you have you are afraid will go unfulfilled:
(someone threatening your self-value, someone taking some type of security away, someone threatening your 'control', etc...)

Time Orientation:

Is what I am afraid of actually happening in this present moment?

Is what I am afraid of a realistic concern that potentially could happen in the future?

If yes, what is this specific need that you would like to fulfill?

Is there an alternative way for you to fulfill this need?

What are the other resources you have supporting your fulfilling this specific need?