

# Fears and Worries Checklist

Think about your worries and fears, and mark them all below. You can check the box next to each fear and write in any that aren't included on the list where it says "other." After you complete the checklist, discuss with your parent if there is anything you would like to add to the list.

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| <input type="checkbox"/> Darkness  | <input type="checkbox"/> Making mistakes   |
| <input type="checkbox"/> Insects   | <input type="checkbox"/> Getting bad grades on tests   |
| <input type="checkbox"/> Doctors or dentists appointments                  | <input type="checkbox"/> Something not being perfect   |
| <input type="checkbox"/> Bad weather                                       | <input type="checkbox"/> Not knowing what will happen in the future                                  |
| <input type="checkbox"/> Loud environment                                  | <input type="checkbox"/> Going to college  |
| <input type="checkbox"/> Items that make loud noises                       | <input type="checkbox"/> Going to a new school or new environment                                    |
| <input type="checkbox"/> Monsters, aliens, ghosts, etc.                    | <input type="checkbox"/> Bad things happening around the world (wars, crime, natural disaster, etc.) |
| <input type="checkbox"/> Heights   | <input type="checkbox"/> Body image (how I look in front of others, height, weight, etc.)            |
| <input type="checkbox"/> Germs   | <input type="checkbox"/> My own physical health  |
| <input type="checkbox"/> Throwing up or getting sick                       | <input type="checkbox"/> Changes in routine and schedule   |
| <input type="checkbox"/> Choking   | <input type="checkbox"/> Sleeping away from home   |
| <input type="checkbox"/> Being judged by classmates                        | <input type="checkbox"/> Bad things like accidents or sickness happening to parents                  |
| <input type="checkbox"/> Embarrassing myself in front of a group of people | <input type="checkbox"/> Leaving doors unlocked, lights on, appliances on, etc.                      |
| <input type="checkbox"/> Answering or asking questions in class            | <input type="checkbox"/> Things not being placed at the 'right' spots                                |
| <input type="checkbox"/> Standing out or being the center of attention     | <input type="checkbox"/> Other:  |
| <input type="checkbox"/> Music or sport performances                       | <input type="checkbox"/> Other:  |
| <input type="checkbox"/> Interacting with peers                            | <input type="checkbox"/> Other:  |
| <input type="checkbox"/> Starting conversations                            |  |
| <input type="checkbox"/> Being bullied in-person or online                 |  |
| <input type="checkbox"/> Other:  |  |
| <input type="checkbox"/> Other:  |  |
| <input type="checkbox"/> Other:  |  |