

Trigger Tracking Journal

Date: _____ Time _____

1. What triggered my anxiety today?

(Describe the situation, event, thought, or feeling that seemed to start your anxiety)

2. Where was I?

(Environment or place where the trigger occurred)

3. How intense was my anxiety?

(Rate on a scale from 1 = mild to 10 = overwhelming)

___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ 9 ___ 10

4. Physical symptoms I noticed:

(e.g., racing heart, sweating, shaking, stomach upset)

5. Thoughts that ran through my mind:

(What worries, fears, or images did I notice?)

6. How did I respond?

(Actions, behaviors, coping tools used, or avoidance)

7. What helped me calm down (if anything)?

(Techniques, support, distractions, grounding, etc.)

8. What could I try next time to better manage this trigger?

(Ideas, new strategies, self-kindness reminders)

9. Reflection / Notes:

(Anything else I want to remember or learn from this experience)

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